



Directed Study Request Form Office of the Registrar

Must attach Course Description Form, Instructor's Agreement Form and Course Syllabus

Student ID:

Student Name:

Year in WJC Program:

Title of Directed Study:

Number of credits: 1 2 Year and Semester _____

Independent Study (1 student)

Tutorial (2 to 5 students) Number of students: _____

Directed Study Instructor Information:

Name:

Degree:

Address:

Email Address:

Advisor's recommendation for approval Yes No

Advisor Name:

Advisor Comments: (If not recommending approval please explain)

Student Signature: _____

Advisor Signature: _____

Department Chair Signature (if necessary): _____

Directed Study Approval: Yes No # of Credits: 1 2

Comments (If not approved please explain):

Return Completed Forms to the Registrar's Office, Attn: Sonji Paige