



Reinhardt University

APPLICATION FOR DIRECTED STUDY

If the student requests a directed study, it is the student's responsibility to complete this form, acquire all signatures and submit it to the Office of Records, Registration and Advisement by the drop/add deadline.

For courses that are cancelled and directed studies are offered to the enrolled students, complete only this information in Section A and Section C:

Section A

- Indicate session, term and campus
- Write or attach names and ID numbers of students enrolled in the class which is being cancelled

Section C

- Mark reason for directed study
- Dean's signature
- Statement waiving fee
- Supervising faculty's signature
- VPAA's signature

SECTION A

_____ Full Session

_____ 1st Session

_____ 2nd Session

_____ TERM

MAIN CAMPUS

NORTH FULTON

STUDENT NAME _____ ID NUMBER _____

Course Prefix, Number, and Title to be taken by Directed Study

SECTION B

A Directed Study is an alternative method of learning course material to be used ONLY when a student cannot take the course in the usual manner AS DETERMINED BY THE STUDENT'S SCHOOL DEAN IN CONSULTATION WITH THE STUDENT'S ACADEMIC ADVISOR. The student is required to meet the same learning outcomes as a regularly scheduled course. The following conditions must be met before a student can apply to his/her school dean for a Directed Study:

- 1. I certify that the student is within 3 semesters of graduation, has a current cumulative GPA of 3.0 or higher, and that _____ hours of directed study have been taken thus far, including this directed study.

(Director of the Office of Records, Registration, & Advising's signature) (Date)

- 2. I certify that the student is in good financial standing with the College's business office.

(Director of Accounting's signature) (Date)

- 3. I certify that the student has a valid need to take the course by Directed Study.

(Academic Advisor's signature) (Date)

SECTION C

A Directed Study is available only in a student's major field of study, not in the General Education Core. Please mark the appropriate reason(s) for the Directed Study.

- Course not offered again before scheduled graduation
- Course substitution not appropriate
- Other _____

- 4. I certify that funds are available to compensate the supervising faculty member.

(School Dean's signature) (Date)

Directed Study Fee: Charge (Regular Tuition + additional per credit hour fee)
 Waive (Note: Waiver of fee requires waiver of Instructor Compensation) _____
Instructor Initial

5. I agree to supervise this directed study.

(Supervising Instructor's signature)

(Date)

6. Approved / Not Approved

(Vice President for Academic Affairs & Dean of the College's Signature)

(Date)

All signatures must be obtained prior to academic advising week. When all signatures are complete, the student leaves this form with his/her school dean. The student must schedule an appointment with his/her school dean to apply for the Directed Study.

After the school dean has appointed a supervising faculty member, the student must schedule an appointment with the supervising faculty member during academic advising week to plan the directed study.

1. The school dean must appoint the faculty member who will supervise the directed study.
2. The school dean will certify that all course requirements are in writing and included with the application for directed study.
3. The supervising instructor will certify that he/she will meet with the student at least once a week throughout the term. A schedule of meetings must be submitted to the school dean with the Application for Directed Study.
4. The school dean will certify that the Application for Directed Study is completed and signed by the student, the supervising faculty member, and the school dean.
5. The school dean will then submit the completed and signed application to the Vice President for Academic Affairs by the end of drop/add period.
6. The school dean will provide the student with a copy of this application to submit to the Office of Records, Registration and Advisement and a copy for the student to keep for his/her own records.
7. **It is the student's responsibility to ensure that all required signatures are obtained and that a copy of this form is in the Office of Records, Registration and Advisement by the drop/add deadline for processing.**

I agree to the terms of this agreement.

(Student's signature)

(Date)