



DIRECTED STUDY APPLICATION

Instructions: Attach copies of the following materials to this request and submit completed application to the Dean's Office during the registration period:

- Plan/Outline of Study
- Bibliography
- Requirements as established by supervising professor

Name _____

Date of Birth

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(mm/dd/yyyy)

Address _____

Phone _____

Degree Program _____ Hours Completed _____

Campus Box _____

Wesley ID _____

Email _____

Hours Requested for this Directed Study:

- 1 credit – no less than 3 meetings with professor required
- 2 credit – no less than 5 meetings with professor required

<input type="checkbox"/> I wish to register for this Directed Study using the Pass/Fail grading method.

Title of Directed Study _____

Academic Area of Proposed Study _____
(must be one of the two-letter codes used at Wesley)

Supervising Professor _____

Estimated Weekly Hours of Research (AT LEAST 45 hours required *per credit per semester*) _____

Starting Date _____

Completion Date _____

Student Signature _____

Date _____

Supervising Professor Signature _____

Date _____

THIS SECTION FOR DEAN'S OFFICE ONLY

- _____ Approved without change
- _____ Approved with modifications:
- _____ Denied due to:

Dean Signature _____

Date _____

<input type="checkbox"/> Professor	COPY COMPLETED FORM TO:	<input type="checkbox"/> Student
	<input type="checkbox"/> Registrar	