



DIRECTED/INDEPENDENT STUDY REQUEST FORM

Please note that directed/independent study courses will only be approved for students who have demonstrated the ability to do independent work (and therefore not approved in the first semester of a student's program).

Instructions to the student:

1. Complete this form in conjunction with your advisor/faculty member working with you on course.
2. Return form to the Academic Program Coordinator who will obtain required signatures and send to University Registrar.

Name: _____ EMU ID: _____ Date: _____

Request for (check one):

- Directed Study*: a course that is a part of the regular curriculum, but is being taken in an altered format or time schedule.
- Independent Study*: a unique course designed by the instructor and the student.

Date for this study: Semester: ___fall ___spring ___summer Year: 20___ - ___

PAX #: _____ Semester Hours: _____ Course Title (35 characters or less): _____

Course goals: _____

Brief explanation of why you are doing this and how it fits into your CJP plans: _____

Brief explanation of topic or problem to be explored: _____

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Instructor Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Academic Director Signature: _____ **Date:** _____

University Registrar Signature: _____ **Date:** _____

1. Initial reading list:

2. Initial outline of primary course activities and assignments or projects:

3. Proposed schedule of activities and assignments: