



GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY

OFFICE OF THE REGISTRAR

DIRECTED STUDY REQUEST FORM

Student Name: _____ ID# _____

TERM _____ Course Subject: _____ Course Number: _____ Title: _____

of Credits: _____ Instructor's Name: _____

Student Signature: _____ Date: _____

Policy: Directed Study

Directed Study courses provide one-on-one opportunities for students who are unable to take a course at its scheduled time. Unlike Independent Study, these courses are part of the regular catalog course offerings. The outcomes and assessments remain the same as if the course were taken in a traditional setting, whether face-to-face or online; the contact hours and method of delivery are flexible though and determined by the student and the supervising faculty member.

Reason for the Request (to be completed by the student). The student must demonstrate an insurmountable conflict that requires taking the course as Directed Study.

Contact Hours and Method of Delivery (to be completed by the instructor). The student and supervising faculty member must meet at least once per week:

Confirm the following requirements:

- The student is not on academic probation.
- The student is within one semester of completing his or her credential or transferring to a four-year university.
- The course shall not extend beyond one semester.

FOR INTERNAL USE ONLY

<i>Approved for Directed Study</i>		<i>NOT Approved for Directed Study</i>	
_____ Instructor	_____ Date	_____ Instructor	_____ Date
_____ Advisor	_____ Date	_____ Advisor	_____ Date
_____ Division Director	_____ Date	_____ Division Director	_____ Date
_____ Chief Academic Officer	_____ Date	_____ Chief Academic Officer	_____ Date

Comments:

Submit to the Registrar's Office