Maharishi University of Management

Enrollment Center

Name:	Semester	Year
Student I.D. Number:		
Phone number:		
Email addrage		_

To the student: Please be sure that **Parts A** and **B** of this form are complete. Then submit it to the Enrollment Center Graduation Advisor at least one week prior to the beginning date of the directed study. Undergraduate directed studies must be approved by the Academic Standards Committee.

DIRECTED STUDY PROPOSAL

lease fill out his petition ompletely, acluding the ignatures	◆ Part A: To be filled out by 1. Directed study dates: Fall Spring		/	Ending:/_ BLOCK/WEEK Dept:	
equested,	2. Directed Study Instructor:	BLC	JCK/WEEK	Dept:	
and return to the Enrollment Center.	3. Description of proposed course and why a scheduled course is not being taken:				
	4. Describe your daily schedule and how often you will meet with your instructor:				
	5. How will you fulfill the DC group program requirement? Part B: To be filled out by the instructor				
	1. Short Title of Directed Study:				
	2. How will SCI be incorporate	ed into the course?			
	3. How will you evaluate the student's progress, and his or her success in meeting the course's objectives?				
	4. Having considered the bene degree program, I agree to g	•	n the light of my	own commitments and the student's	
	Instructor's Signature	-		Date:	
	Department Head's Signatur				
	Academic Standards Committee			Date:	
riginal to udent File	♦ Part C: To be filled out by the Registrar				
Copy to Grad.Dir.	Bulletin number:	Instructor:		Units:	
mail to tudent	Dates: Fall Spring	Beginning:		Ending:	