
DIRECTED STUDIES AGREEMENT

Student's Name: _____ **Student ID#:** _____

Instructor's Name: _____

Course & Title: _____

Semester & Year: ☐ **SP** _____ ☐ **FA** _____ ☐ **SU** _____

1. **Objective** (upon completion of the directed study, the student should be able to):

2. **Communication Agreement:** The student must contact the instructor _____ time(s) per week during the directed study time period. Students are encouraged to do so by email; other options include office appointments, phone calls, or other means deemed appropriate.

3. **Textbooks and Authors:**

4. **Reading (titles, authors, pages):**

5. **Projects and/or Research Papers:**

6. **Experiences:**

7. **Presentations:**

8. **Examinations and Assessments:**

9. **Instructor's responsibilities include:**
 - **Maintain an attendance record/log** (to include date, length of session, topics discussed, and student's signature) and will submit to the Department Chair, Academic Dean, and Registrar at the end of the semester/term.
 - **Course syllabus** (to be attached to the signed Directed Studies Agreement).
 - **Teaching timeline.**
 - **Class roster.**
 - **Learning outcomes.**

10. **The study is to be completed by the end of the semester in which it was registered for. If a grade is not available by the end of the registered semester, an incomplete grade will be given.**

Instructor Agreement:

I agree to supervise the directed study for which the above named student has applied.

Instructor's Signature

Date

Student Agreement:

I agree to the terms and conditions of this directed study.

Student's Signature

Date

Chairperson Approval:

Department/Division Chair's Signature

Date

Academic Dean Approval:

Academic Dean's Signature

Date