



Directed Study Contract Form

A Directed Study is the offering of a catalog course on an individual basis by an appropriate faculty member to a qualified student. Directed Studies are available only on a limited basis due to the burden they place upon the instructional staff.

It is the responsibility of the student to obtain all applicable signatures and turn the form into their Academic Dean's Office. Once the Academic Dean has reviewed this form, it will be forwarded to the Registrar's Office.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Reference #: \_\_\_\_\_ Campus: Biddeford [ ] Portland [ ]

To qualify for a Directed Study, the student must meet the following conditions:

- checkbox The student is a degree candidate at University of New England
checkbox The course is required for the student's degree/minor completion
checkbox The course is an upper level course (300 level or higher)
checkbox The course will not be offered as a part of the regular curriculum in time to prevent postponement of the student's degree, or there is a time conflict between two courses specifically required for the degree, neither of which may be postponed without resultant delay in the completion of degree requirements
checkbox The student/instructor has attached a detailed, approved proposal for the Directed Study. (Attach: Learning outcomes, methods of evaluation, meeting days and times, a plan of study and course syllabus )

Course Subject (ex. BIO): \_\_\_\_\_ Course Number (ex. 410): \_\_\_\_\_ (Course number should be the same as the catalog course)

Course Title: \_\_\_\_\_ Department: \_\_\_\_\_ Credits: \_\_\_\_\_ (Title should be the same as the catalog course for which the Directed Study is being approved)

Semester (Fall, Spring, or Summer): \_\_\_\_\_ Year: \_\_\_\_\_ Student GPA: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Requests Directed Study and verifies that the above conditions have been met)

Faculty Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Indicates willingness to teach the proposed Directed Study Course)

Dept. Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Approves instructor and authorizes the Registrar's Office to create the proposed Directed Study Course)

Academic Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_