

REQUEST FOR DIRECTED STUDY

This form must be completed, signed, and submitted at the time of registration for the course.

Name of Student _____ Student's ID number _____ - _____ - _____

Student's Classification (freshman, sophomore, junior, or senior) _____

Barton Cumulative GPA _____ (*2.50 required minimum*) GPA in major or minor _____

List any previous **DIRECTED STUDY** courses and hours earned _____

Semester and Year in which **DIRECTED STUDY** is to be taken _____ / _____

Name of faculty directing the **DIRECTED STUDY** _____

Course number and title _____

Semester hours to be awarded _____

REASON FOR REQUESTING DIRECTED STUDY (*Please state why standard course cannot be taken*):

Signature of Student

Date _____

Signature of Faculty Directing Study

Date _____

Signature of Dean of School/Chair of Department

Date _____

Signature of Provost/Vice President for Academic Affairs

Date _____

_____ Approved

_____ Denied

Comments:

Return completed form to the Office of the Registrar