

POLICIES

- 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 and require permission (see below).
- It is the responsibility of the student to obtain all applicable signatures and turn the form in to their Academic Dean's office for review and approval. If approved, the Academic Dean will forward the paperwork to the Registrar's Office for processing.

STUDENT INFORMATION

Last Name: _____ First Name: _____ PRN: _____

Email Address: _____ Major: _____

SECTION I: QUALIFICATIONS**To qualify for a Directed Study, the student must meet all of the following conditions:**

- The student is a degree candidate at the University of New England.
- The course is required for the student's degree/minor completion.
- The course is an upper level course (300 level or higher).
- 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.
- The student/instructor has attached a detailed, approved proposal for the Directed Study. (Attach a course syllabus that includes learning outcomes, methods of evaluation, meeting days and times, and a plan of study.)**
- The form with the attached, approved proposal must be received by the Registrar's Office no later than 2 weeks prior to the term in which the Independent Study is to be done. *Note that college/program deadlines for completing this paperwork may be earlier.*

SECTION II: COURSE INFORMATION

Course Subject (ex. BIO): _____ Course Number (ex. 410): _____

Course Title: _____ Campus: Biddeford Portland Credits: _____

Grading: Pass/Fail Letter Grade Semester (Fall, Spring, Summer): _____ Year: _____

Faculty/Instructor - Last Name: _____ First Name: _____ PRN: _____

SECTION III: APPROVAL (Font signature NOT accepted)

Student's Signature: _____ Date: _____

Faculty/Instructor Sponsor's Signature: _____ Date: _____
(Indicates willingness to teach the proposed Directed Study Course)Academic/Program Director's Signature: _____ Date: _____
(Approves instructor and authorizes the Registrar's Office to create the proposed Directed Study Course)

Academic Dean's Signature: _____ Date: _____