

**LINCOLN MEMORIAL UNIVERSITY**  
**DIRECTED STUDY REQUEST**

A Directed Study (DS) is the offering of certain courses from the established curriculum on a one-to-one basis between the student and instructor. The student must not begin work on this course as a DS until all approvals are obtained. All items must be completed by the individuals listed. Offering the course as a DS is subject to all guidelines as published in the current Undergraduate Catalog and the Faculty/Staff Policy Manual.

Student Name: \_\_\_\_\_ Student I.D. \_\_\_\_\_

Declared baccalaureate major/minor program: \_\_\_\_\_

Proposed course: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Prefix Number Title Cr. Hrs.

Academic Dept. offering course: \_\_\_\_\_ Academic Advisor \_\_\_\_\_

Proposed Faculty Supervisor: \_\_\_\_\_

(Authority to assign a willing faculty supervisor rests with the academic department offering the course.)

Semester for initiation and completion of the course: \_\_\_\_\_

Student classification effective the above semester: \_\_\_\_\_

Justification of this proposed Directed Study course: \_\_\_\_\_  
\_\_\_\_\_

With the student's signature below, he/she: (1) confirms awareness of and compliance with all current criteria and policies relating to Directed Study at LMU and (2) agrees to comply with the requirements and details appearing in the attached course syllabus and any conditions or stipulations which may be added by appropriate personnel prior to affixing their signatures of approval (see reverse side).

\_\_\_\_\_  
Signature of Student

Student's mailing address for notification of action regarding this request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date submitted to Chair of Academic Department offering the course: \_\_\_\_\_

**STUDENTS, PLEASE NOTE: There is a \$25.00 fee (in addition to the regular tuition assessed) for all Directed Study Courses.**

(Continued on other side)

## SELECTED CRITERIA CHECKLIST

To be initialed as confirmation by the personnel indicated.

### ACADEMIC ADVISOR

- \_\_\_\_\_ 1. This is a required course or prerequisite to a required course within the declared baccalaureate major/minor or associate degree program, excluding optional or elective courses within the program.
- \_\_\_\_\_ 2. It is anticipated the course will not be available within the regular schedule of course offerings prior to the student's expected graduation date (determined upon consultation with the Chair of the appropriate department).
- \_\_\_\_\_ 3. The student has attained at least Junior classification or has completed at least one-half the total semester credit hours required for the particular associate degree program, effective the beginning of the proposed Directed Study period.
- \_\_\_\_\_ 4. The student is seeking approval of no more than one Directed Study course the semester indicated.
- \_\_\_\_\_ 5. If this course is approved as Directed Study and successfully completed by the student, he/she will not exceed the limit of six (6) semester credit hours of Directed Study applicable to fulfillment of degree requirements.
- \_\_\_\_\_ 6. The student has been apprised of all current criteria and policies relating to Directed Study at LMU.

### PROPOSED INSTRUCTOR

- \_\_\_\_\_ 7. Attached is the course syllabus, adapted as necessary to the Directed Study process.
- \_\_\_\_\_ 8. The proposed Instructor agrees to meet weekly with the student for appropriate periods (15 minutes for each semester credit hour) to treat the course matter/specific schedule subject to mutual agreement of the instructor and student.
- \_\_\_\_\_ 9. The instructor must retain all work and examinations for one year.
- \_\_\_\_\_ 10. The student must meet with the instructor within the first three (3) class days of the semester (within the first two (2) days of the summer term) to begin the DS course.

### ADDITIONAL CONDITIONS OR STIPULATIONS (IF ANY)

### SIGNATURES INDICATING APPROVAL

Proposed Instructor \_\_\_\_\_ Date \_\_\_\_\_

Assigned Acad. Advisor \_\_\_\_\_ Date \_\_\_\_\_

Chair of Acad. Dept. offering the course \_\_\_\_\_ Date \_\_\_\_\_

School Dean \_\_\_\_\_ Date \_\_\_\_\_

Vice President of Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_