

## LINCOLN MEMORIAL UNIVERSITY DIRECTED STUDY REQUEST

A Directed Study (DS) is the offering of a course 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/Graduate Catalog and the Faculty/Staff Policy Manual.

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

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

Student GPA \_\_\_\_\_ Number of additional credits scheduled for the same semester \_\_\_\_\_

Credits remaining to graduate \_\_\_\_\_

Number of IS (Independent Study – see IS form for details) or DS credit hours already taken to date \_\_\_\_\_. Maximum number of IS and DS credit hour combined is 15 credit hours for undergraduate students.

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

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

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

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

Brief justification of this proposed Directed Study course: \_\_\_\_\_

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(The attached syllabus will indicate among other important information, study requirements, course goals and objectives, and evaluation procedures).

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).

Name and signature of student \_\_\_\_\_

Student's email address \_\_\_\_\_

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 major/minor or a course that will be counted among the major courses within the declared degree 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) or there is a conflict in the student's proposed schedule.
- \_\_\_\_\_ 3. If applicable, 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 a Directed Study and successfully completed by the student, he/she will not exceed the limit of fifteen (15) credit hours of Independent Study and Directed Study, combined (applies to undergraduate students).
- \_\_\_\_\_ 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 week of classes to begin the DS course.

### ADDITIONAL CONDITIONS OR STIPULATIONS (IF ANY)

### SIGNATURES INDICATING APPROVAL

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

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

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

Executive VP for Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_