



DIRECTED STUDY / INDEPENDENT STUDY

Student _____ **Student ID#** _____

Course _____ **Section #** _____ **Units** _____

Semester _____ **Year** _____ **Instructor** _____

DESCRIPTION of Directed Study Project including Objectives and Activities:

Schedule of Attendance: _____

Method of Evaluation: _____

Signatures :

Student: _____

Instructor: _____

Department Chair: _____

Dean, Academic Affairs: _____

**Instructions: Copy to Student and Instructor
Original and add card MUST be signed by Dean of Academic Affairs
Document MUST be filled out completely before adding classes**