APPLICATION FOR DIRECTED STUDY

INSTRUCTIONS

☐ REGULAR APPROVED COURSE ☐ DIRECTED STUDY

1. To be used if the academic unit wishes to offer a student either an approved directed study course or a regular approved course which is not in the current sessions departmental offerings. This form also serves as a registration form for students who are eligible to register.
2. This form MUST be completed in its entirety:
   - Academic session (i.e., 201830, 201840, 201910, 201920)
   - Course number from the current *Academic Calendar*
   - A 30 character title abbreviation (including spaces) and a brief description of topic(s) involved
   - Instructor's name
   - Chairperson's signature
   - Name and SMU Student ID number of the student to whom the course is being offered
   - Signature of student (authorization for the Service Centre to add this course to the student's registration for the academic session indicated below). A registration receipt will be mailed to the student after the registration has been completed.
3. Professors offering Directed Study courses must submit their grading system to the Dean as per Academic regulation 4, and attach a copy to this application.

COURSE

Academic Session: _____

SAMPLE	A	C	C	T	2	2	4	1	.	A		
YOUR COURSE HERE									.			

TITLE ABBREVIATION (Not To Exceed 30 Characters)

Brief Description of Course content and Instructional Format:

Professor's Name	Authorization by Departmental Chairperson
Student Name (Please Print)	Student #

Please add the above Directed Study course to my academic record for the session indicated above.

Signature: _____ Date: _____

****THE SERVICE CENTRE WILL COMMUNICATE WITH YOU REGARDING ANY PROBLEMS WITH YOUR APPLICATION USING THE ADDRESS, TELEPHONE, AND EMAIL PROVIDED ON SELF SERVICE. PLEASE ENSURE YOUR CONTACT INFORMATION IS UP TO DATE**

How is course funded? _____

_____

Deans Approval:_____ Date:_____