

REQUEST FOR DIRECTED STUDY APPROVAL/ INTERNATIONAL EXPEREINCE

Instructions: PLEASE ATTACH ALL APPROPRIATE DOCUMENTATION

Student's Name

_____ KSU ID # _____

(Last) (First) (Middle)

Semester _____ Year _____

Semester Hrs. Credit _____

Course and Number _____

Course Title _____ (max. 35 characters)

KSU Instructor _____ Dept. _____

KSU Advisor _____ Dept. _____

COURSE DESCRIPTION/SYLLABUS

Attach a complete syllabus for this course following the outline listed below:

1. Identifying Information: Student's Name, Course & Number, Semester Hours Credit, KSU Instructor, Title.
2. Summary description of the Course.
3. Objectives of the Course.
4. Detailed Schedule of Activities, Readings, Projects, and/or Assignments.
5. Description of the expected roles of the student and KSU instructor.
6. Basis for Evaluation and Final Grade Determination.

Agreement/Approval Signatures:

_____ Student/Date
 _____ Advisor/Date
 _____ Instructor/Date
 _____ Department Chair/Date

Copies of this completed and signed agreement must be submitted to the Registrar's Office two weeks prior to the end of the semester proceeding the semester of the proposed study. After processing in the Registrar's Office, the student will receive one copy by mail for personal records.

Received in Office of the Registrar _____ / _____
(Initials) (Date)

GPA _____

SYLLABUS _____