

UNIVERSITY OF MAINE AT FORT KENT
DIRECTED STUDY

STUDENT'S NAME:		SSN #:
DEGREE: <input type="radio"/> Bachelors <input type="radio"/> Associates	CLASS: <input type="radio"/> FR <input type="radio"/> SO <input type="radio"/> JR <input type="radio"/> SR	
DIVISION: <input type="radio"/> Arts & Humanities <input type="radio"/> Education <input type="radio"/> Natural & Behavioral Sciences <input type="radio"/> Nursing		G.P.A.:

COURSE NAME:	COURSE #:	CREDITS:
STARTING DATE:	ENDING DATE:	
TERM/YEAR:	FALL ()	SPRING () SUMMER ()

TO BE COMPLETED BY STUDENT'S ADVISOR

Is the course required for timely graduation? If yes, please indicate the general education or program requirements and the student's anticipated graduation date in the space below.	<input type="radio"/> YES <input type="radio"/> NO
During the term indicated above, is there a course available which satisfies the aforementioned requirement or which could substitute for the course if a waiver were granted?	<input type="radio"/> YES <input type="radio"/> NO
Within a year from the term indicated above, will this course be offered?	<input type="radio"/> YES <input type="radio"/> NO
Has the student taken, but not successfully completed, this course in the past?	<input type="radio"/> YES <input type="radio"/> NO
<input type="radio"/> I have attached the student's transcript.	
APPROVED BY STUDENT'S ADVISOR:	

TO BE COMPLETED BY FACULTY SPONSOR OF THE DIRECTED STUDY

<input type="radio"/> I have attached the course syllabus. Append a description of any changes to the course that will be necessary to offer this course as a directed study.	
APPROVED BY FACULTY SPONSOR:	

SIGNATURE OF STUDENT:	DATE:
APPROVED BY DIVISION CHAIR:	DATE:
APPROVED BY VICE PRESIDENT FOR ACADEMIC AFFAIRS:	DATE:

- Distribution: 1. Student
 2. Faculty Sponsor
 3. Division Chair
 3. Registrar's Office

OBJECTIVES:

DESCRIPTION OF PROPOSAL:

METHODS OF EVALUATION: