



■ Advisor Section

Please explain why Directed Study is necessary in this situation. Include an explanation of why all other options for meeting the student's need are not viable.

Justification:

■ Approvals

_____ Student Signature	_____ Date
_____ Student's Advisor/Program Director Signature	_____ Date
_____ Instructor Signature	_____ Date
_____ Division Chair Signature	_____ Date
_____ Vice President of Academic & Student Affairs Signature	_____ Date

FOR OFFICE USE ONLY
Date entered by Academic Affairs: _____
Date Registered: _____

REVISED 12/2017