



DIRECTED STUDY APPROVAL

Permission for an Independent Study course is to be granted by the Dean in consultation with the Associate Dean for Academic Affairs and Registrar. Permission to take a course independently must be granted before approaching the faculty member.

Student Name: _____
Last Name First Name Middle Name

Program of Study: _____ Major (if any): _____

Cummulative G.P.A. _____

SEMESTER: 1 2 Summer ACADEMIC YEAR _____

REASON(S): _____

Course Code	Course Name	Course Credit Hrs	Total Semester's Cr. Hr. Load	Duration Begin - End	Instructor's Name	Instructor's Signature

1. This form must be completed in **TRIPLICATE**.
2. The deadline for application for Directed Study is the **END of the Dropp/Add period** of a semester.
3. This approval form must be submitted to the Office of the Registrar **Before the Directed Study sessions begins.**
4. After approval has been obtained, take all copies to the Finance Office for payment purposes. All fees for the course must be paid in full **BEFORE THE COURSE STARTS.**
5. **ONE** copy of this form will be left with the Finance Officer; **ONE** copy will be returned to the Office of the Registrar (OTR); **ONE** copy is for the student.

It is the sole responsibility of the student to contact the instructor for the course syllabus, schedule of exams, papers, etc. All work must be completed within the semester designated above.

I understand the policy for Directed Study at St. John's College Junior College and request permission to take the course(s) listed above.

Student's Signature: _____ Date: _____
[mm / dd / yr]

Approval: Yes _____ No _____ Dean's Signature: _____ Date: _____
[mm / dd / yr]

FINANCE OFFICE

Directed study is billed \$125 per credit hour PLUS the registration fee. Please note: Tuition and fees are subject to change.

Total paid: _____ Receipt Number: _____

Finance Officer Signature: _____ Date: _____
[mm / dd / yr]

Received at OTR _____ Date: _____
Registrar [mm / dd / yr]