

APPLICATION FOR DIRECTED STUDY

Office of the University Registrar Framingham State University

Students who wish to take a regular university course in a term when it is not offered may seek to do so through a Directed Study option. However, students must understand that, because the appropriate Framingham State University (FSU) faculty must be available and approvals must be granted, the option of Directed Study for a particular course is not always available. In Directed Study, the FSU faculty member must agree to provide the student with close supervision, in achieving the same course objectives that would have been accomplished had the student taken the course on a regular class basis. Permission for Directed Study must be obtained from the subject/course faculty supervisor and the course department chair. Directed Study courses will appear on the student's course history with the actual course prefix, number, and title as found in the Catalog.

This application is for matriculated degree-seeking graduate (Master's) or post-baccalaureate teacher licensure (PBTL) students attending the University. This completed form, including all of the required signatures and the course syllabus, must be submitted in its entirety prior to the end of the Course Add/Drop period of the semester to the Office of the University Registrar (McCarthy Campus Center, CC515).

Please Print Information

Name: _____ FSU Student ID#: _____
Last First M.I.

FSU Student Email: _____@student.framingham.edu Cell Phone #: _____

Degree & Concentration: _____ Anticipated Semester/Year of Graduation: _____

or
PBTL Program: _____ Check Appropriate Box: Day School Graduate/PBTL
 DGCE Graduate/PBTL

DIRECTED STUDY COURSE INFORMATION:

Catalog Course Subject Prefix & Number: _____ Semester to be taken: _____

Catalog Course Title: _____

A copy of the course syllabus from the faculty instructor must be accompany this completed form.

Signature of Student Date

Signature of FSU Faculty Supervisor Date
(as approved by Program Coordinate in which Independent Study is taking place)

Please Print FSU Faculty Supervisor's Name

Signature of Student's Program Advisor Date

Signature of Program Coordinator Date

Please Print Program Coordinator's Name

Signature of Dean of Graduate Studies Date

Office of the University Registrar use only: