



## Authorization and Contract to Enroll in Directed Studies

Please print or type.

Student # \_\_\_\_\_ Student Name \_\_\_\_\_

Ticket # \_\_\_\_\_ Department \_\_\_\_\_

ASSOCIATE DEGREE    98 – one unit total – 54 hours total   TRANSFER    298 – one unit total – 54 hours total

99 – two units – 108 hours total

299 – two units – 108 hours total

Hours of conference and study: \_\_\_\_\_  Mon.    Tue.    Wed.    Thu.    Fri.    Sat.

ATTENDANCE MUST BE MAINTAINED IN GRADE BOOK.

Title of directed study project (include topics and/or projects): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of what the student will be expected to do: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of the method of evaluation to be utilized: (What evidence will be presented that objectives have been met?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responsibilities assumed by instructor: (What commitments regarding meetings, materials and assistance does the instructor make?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature/Date \_\_\_\_\_ Faculty Signature/Date \_\_\_\_\_

Division Signature/Date \_\_\_\_\_ Admission Signature/Date \_\_\_\_\_

TO STUDENT: AFTER RECEIVING REQUIRED SIGNATURES, PLEASE SUBMIT A COPY OF THIS FORM TO THE ADMISSIONS OFFICE IMMEDIATELY TO REGISTER FOR THE CLASS. FORWARD A COPY TO YOUR INSTRUCTOR AFTER REGISTRATION.

Summary of work completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

Student's Signature \_\_\_\_\_ Faculty Signature \_\_\_\_\_