



**GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY**

**OFFICE OF THE REGISTRAR**

**DIRECTED STUDY REQUEST FORM**

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
 Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_ Title: \_\_\_\_\_ # of Credits: \_\_\_\_\_  
 Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*BY YOUR SIGNATURE, YOU ARE REQUESTING THE COLLEGE TO ENROLL YOU IN THE REQUESTED COURSE AND YOU UNDERSTAND THAT THIS MAY AFFECT YOUR BILL WITH THE COLLEGE*

**Policy: Directed Study**

Directed Study courses provide one-on-one opportunities for students who are unable to take a course at its scheduled time. Unlike Independent Study, these courses are part of the regular catalog course offerings. The outcomes and assessments remain the same as if the course were taken in a traditional setting, whether face-to-face or online; the contact hours and method of delivery are flexible though and determined by the student and the supervising faculty member.

**Reason for the Request (to be completed by the student). The student must demonstrate an insurmountable conflict that requires taking the course as Directed Study.**

**Contact Hours and Method of Delivery (to be completed by the instructor). The student and supervising faculty member must meet at least once per week:**

Confirm the following requirements:

- The student is not on academic probation.
- The student is within one semester of completing his or her credential or transferring to a four-year university.
- The course shall not extend beyond one semester.

Course Part of Term: \_\_\_\_\_ Grading method (traditional or pass/fail): \_\_\_\_\_

Mode of Delivery (Face to face, Online, Hybrid, or Hyflex): \_\_\_\_\_

Days and times of face to face, Hybrid or Hyflex courses: \_\_\_\_\_

Room Requested for Face to Face, Hybrid or Hyflex: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

<i>Approved for Directed Study</i>		<i>NOT Approved for Directed Study</i>	
_____ Instructor	_____ Date	_____ Instructor	_____ Date
_____ Advisor	_____ Date	_____ Advisor	_____ Date
_____ Division Director	_____ Date	_____ Division Director	_____ Date
_____ Chief Academic Officer	_____ Date	_____ Chief Academic Officer	_____ Date

**Comments:**

**Submit to the Registrar's Office** Entered by: \_\_\_\_\_ Student Notified by: \_\_\_\_\_