

## DIRECTED STUDY REQUEST

Use this form to request directed study for Fall Semester 2023. To request directed study for Summer 2023, click here.

Return to: MSOE Registrar's Office 1025 North Broadway Milwaukee, WI 53202-3109

Registrar@msoe.edu Phone: (414) 277-7215

Name Present quarter		Student number	
		Proposed graduation date	
I request	permission to take the course		for
	_ credits as an instructed tutorial during	the term because:	
	I have failed the subject. I am unable t term in attendance.	to schedule it before graduation and this is my last	
	The subject is not scheduled to be offer	ered before my graduation date.	
	Other circumstances; please explain:		
Student signature		Date	
Section	on to be completed by chairperson		
	1 7 1		
List of ap	proved instructors:		
		<u> </u>	
Denartme		 Date	
_			
Section	on to be completed by instructor		
I agree to	act as instructor for the Directed Study	course Directed study class	ses must
_		nd end dates published in the academic catalog. Direc	
courses h	ave a requirement of at least two-third	s of the normal contact hours.	
Approxim	nate schedule of contact hours:		
Instruction	on for this Directed Study cannot beg	in until all fees are paid by the student. You will reco	eive this
form bac	k from the Registrar's Office when fin	ancial obligations are met.	
Instructor	r signature	Date	

## Section to be completed by Student Accounts Office

C	1 1	dit basis and is over and above the tuition for ee is published on the Financial Services page
	has paid \$ for	his/her Directed Study of
Student name		his/her Directed Study of Course
and should be allowed to receive	instruction for this course.	
Student Accounts signature		Date
STOP	Return this form now to Regis	strar's Office (CC-377).
		he original form has been forwarded to the
instructor.		
This student now has complete	ed all steps required to begin tl	nis Directed Study.
Signature		Date
Section to be completed	by course instructor after cou	rse is completed
Directed Study course		grade of in the
Instructor signature		Date
Department chairperson signa	ture	Date
Instructor: pl	ease forward form to Registrar's	Office for recording of grade.