



DIRECTED STUDY REQUEST

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

Fax: (414) 277-6914
Phone: (414) 277-7215

Section to be completed by student

Name _____ Student number _____

Present quarter _____ Proposed graduation date _____

I request permission to take the course _____ for

_____ credits as an instructed tutorial during the _____ quarter because:

- I have failed the subject. I am unable to schedule it before graduation and this is my last quarter in attendance.
- The subject is not scheduled to be offered before my graduation date.
- Other circumstances; please explain:

Student signature _____ Date _____

Section to be completed by chairperson

List of approved instructors:

Department chairperson signature _____ Date _____

Section to be completed by instructor

I agree to act as instructor for the Directed Study course _____. The minimum required hours, if the course is being repeated, may not be less than one-half of the normal contact hours. Courses being conducted under a Directed Study for the first time have a minimum requirement of at least two-thirds of the normal contact hours. The Directed Study course should be scheduled over at least a four-week period.

Estimated completion date: _____

Approximate schedule of contact hours: _____

Instruction for this Directed Study cannot begin until all fees are paid by the student. You will receive this form back from the Registrar's Office when financial obligations are met.

Instructor signature _____ Date _____

Section to be completed by Student Accounts Office (CC-437)

The tuition charged for this course will be computed on a per-credit basis and is over and above the tuition for other courses scheduled for the current quarter. (Please see the Timetable of Classes for the per-credit charge.)

_____ has paid \$ _____ for his/her Directed Study of _____
Student name Course

and should be allowed to receive instruction for this course.

Student Accounts signature _____ Date _____



Return this form now to Registrar's Office (CC-365).

Section to be completed by Registrar's Office

A copy of this form has been included in the student's file. The original form has been forwarded to the instructor.

This student now has completed all steps required to begin this Directed Study.

Signature _____ Date _____

Section to be completed by course instructor after course is completed

_____ has earned a final grade of _____ in the
Directed Study course _____. Attached is a copy of the final exam.

Instructor signature _____ Date _____

Department chairperson signature _____ Date _____

Instructor: please forward form to Registrar's Office for recording of grade.