



SALEM COLLEGE

DIRECTED STUDY APPROVAL FORM

Name:

Major

Classification:

ID#:

Major GPA :

Cum GPA (3.0 min.):

Term:

Year:

Printed Name of Instructor:

Catalog Course Prefix/No.

Course Title:

Please provide reason that course cannot be taken at the regularly scheduled time and why it is required this semester. Documentation is required. Examples include: work schedules demonstrating time conflicts; letters from supervisors; etc.

All work must be submitted to the instructor before the last day of the semester. Please attach a course syllabus to this application along with a plan of instruction indicating a regular instructor/student meeting schedule. (At least 20 hours of contact time is expected.)

Instructor Signature

Date

Student Signature

Date

Program Director Signature

Date