

College of Graduate Studies

Whitt Hall; P O Box 6928 Radford, VA 24142 Phone 540-831-5431 Fax 540-831-6061 Email gradforms@radford.edu

DIRECTED STUDY REQUEST

INSTRUCTIONS:

- 1. **ATTACH** a mutually accepted Directed Study proposal developed by the student and the professor of record that addresses as completely as possible each criterion listed below.
 - I. Explain why the directed study is being proposed.
 - II. Describe in detail:
 - Learning outcomes and general goals
 - Specific objectives, topics, or concepts to be addressed under each goal
 - Final product(s) of the directed study
 - General goals of the directed study
 - III. How will the final product(s) be evaluated and how will the final grade be determined (all directed studies are graded A-F). Will you use an A, B, C, F or A, A-, B+, B, B-, C, F grading scale? What percent of the grade is associated with each requirement? Provide a numeric or non-numeric description of your assessment criteria for the final grade.
 - IV. When appropriate, **include a preliminary reading list and/or bibliography** or specify sources from which information will be drawn for this the directed study. If not needed please give an explanation as to why it's not.
- 2. Complete Form
- 3. **Obtain Signatures**
- 4. SUBMIT FORM TO GRADUATE COLLEGE

(Graduate College sends form to Registrar. Registrar's Office enrolls student in Directed Study.)

NAME:		DATE SUBMITTED:	
ADDRESS:		STUDENT ID NUMBER:	
		RADFORD E-MAIL:	
MAJOR:	ADVISOR	:	
COURSE PREFIX AND NUMBER (e.g., EDUC 698):		
NO. OF CREDIT HOURS FOR THIS	DIRECTED STUDY:		
SEMESTER AND YEAR: TITLE OF DIRECTED STUDY:	PROFESSOR	OF RECORD:	
The policie	_	e specify that a directed study cannot decourse in a graduate program.	be used to
Student's Signature	Date	Professor Supervising Directed St	tudy Date
Major Advisor	Date	Department Chairperson	Date
Graduate Dean Approve (rev 08/20)	Date Disapprove		For Graduate College use only Eligible Not Eligible