

# Directed Study Agreement

# Bethel University

❖ ❖ ALL REQUESTED INFORMATION *MUST* BE COMPLETED BEFORE THIS FORM WILL BE PROCESSED. ❖ ❖  
(Please submit completed and signed form to the Office of the Registrar)

Student's Name _____	Campus Box _____	
ID # _____	<input type="checkbox"/> Junior <input type="checkbox"/> Senior	Date _____
1. Cum GPA _____	2. Term study is to be done: <input type="checkbox"/> Fall <input type="checkbox"/> Int <input type="checkbox"/> Sp <input type="checkbox"/> Sum	3. Credit Hours _____
4. Major(s) _____	5. Minor(s) _____	
6. Subject Prefix for Directed Study (ex: BIB) _____		
7. Title of Directed Study _____		
8. Student's Signature _____		Date _____
<i>This Directed Study has been approved by:</i>		
9. Faculty Supervisor of Study ( <b>print name</b> ) _____		Date _____
Signature: _____		
10. Student's Academic Advisor _____		Date _____
11. Department Chairperson _____		Date _____
12. Associate Dean for Off-Campus Programs _____		Date _____
(for international directed studies only)		

### Instructions

1. Complete this form and secure signatures of approval from Faculty Supervisor, Academic Advisor, and Department Chairperson.
2. Upon approval, you will be automatically registered for this course for the term indicated, and a confirmation of your registration will be sent to your Campus Box. Distribution of the forms by the Registrar is as follows:
  1. Student file in Registrar's Office
  2. Student
  3. Faculty Supervisor
3. If this Directed Study increases your course load beyond 18 hours, overload tuition will be charged. See Finances section of the Catalog.

<i>Official Use Only</i>		
Registrar Signature _____	Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Term _____	Course Number _____	Section Number _____

Curriculum requirement to be met by Directed Study: .....

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