

## DIRECTED STUDY APPLICATION

A Directed Study is a privilege whereby you may attempt a course which is either not currently offered, or is offered but for which you cannot register due to unavoidable circumstances. An application for a Directed Study must be approved by the appropriate Academic Dean and the Registrar.

Directed Studies will be considered under the following conditions:

- your cumulative GPA is 2.0 or higher;
- the course is required in your degree program (elective courses are not normally eligible for Directed Study); and
- the course has been unavailable to you due to unavoidable circumstances. \*

Scheduling convenience and work or personal conflicts do not constitute adequate grounds for a Directed Study application.

\*By this it is meant that:

- (a) the course has not been offered;
- (b) you have not had the necessary course prerequisites; or
- (c) you have or have had an unavoidable scheduling conflict between the required course and another course necessary for the degree program.

The Directed Study course will not be officially registered until all necessary approvals, signatures and a course syllabus have been obtained. Please submit this form in its entirety by the deadline outlined in the Academic Calendar. If you have any questions please email [registrar@ambrose.edu](mailto:registrar@ambrose.edu). For more information, please refer to the Academic Calendar.

TO BE COMPLETED BY THE STUDENT

<b>STUDENT INFORMATION</b>	
Name:	
Student ID:	
Program:	
CGPA:	
<b>COURSE INFORMATION</b>	
Course Title:	Course ID:
Semester/Year:	
Professor:	
Reason for Directed Study:	

REQUIRED SIGNATURES	
Student:	Date:
Academic Advisor:	Date:
Program Head:	Date:

TO BE COMPLETED BY THE INSTRUCTOR

COURSE DETAILS	
Instructor Name:	
Instructor Signature:	Date:
<input type="radio"/> Syllabus Attached	

*Please Note: It is the student's responsibility to have this form completed in its entirety. Once completed, please return the form to the Registrar's Office by either dropping it off at the counter or emailing it to [registrar@ambrose.edu](mailto:registrar@ambrose.edu).*

TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR

APPROVALS	
Application Status: <input type="radio"/> Approved <input type="radio"/> Denied	Date:
Academic Dean:	Date:
Registrar's Signature:	Date:
FILING	
<input type="radio"/> Student, Advisor, Professor and Dean's Office Notified <input type="radio"/> Action Entered in SIS <input type="radio"/> Student Registered in Class	
Filed by:	Date: