## **DIRECTED STUDY REGISTRATION FORM**

Hawai'i Pacific University - Registrar's Office

PACIFIC

Instructions (MCP Students should contact their coordinator/advisor for assistance):

- 1. Student meets with academic advisor to discuss the need for a Directed Study.
- 2. Student and advisor sign and date the form; advisor reviews next steps with student.
- 3. Student meets with the instructor to review request and requirements. Instructor's signature on the form indicates approval. **NOTE: It is required to attach the Course Syllabus to this form**. (If instructor does not approve, student should consult academic advisor for options.) \*
- 4. Student submits the form to the appropriate department/college for review and signature(s). Signatures from the administrators indicate approval of the request.
- 5. After signing, department official gives form to the administrative assistant who records the CRN in the designated box below and forwards the completed form to the Registrar's Office to be processed and filed.
- \* IMPORTANT: If the request for a directed study course is not approved, the form is returned to the academic advisor with a note of explanation from the department or college representative.

Reason for requesting a Directed Study Course (attach another page if necessary):    Course Alpha & Number		
Course Alpha & Number   CRN   Catalog Course Title   Credits   Choose 1: A-F; Cr/h	INT LEGIBLY:	
Reason for requesting a Directed Study Course (attach another page if necessary):    Course Alpha & Number   CRN   Catalog Course Title   Credits   Grade Type (Example: MATH 1123)   (Example: Statistics)   (Example: 3 cr)   (Choose 1: A-F; Cr/N		<del></del>
Reason for requesting a Directed Study Course (attach another page if necessary):    Course Alpha & Number	ast)	(Middle)
Course Alpha & Number (Example: MATH 1123)	ent ID: @	Year:
(Example: MATH 1123) (Example: Statistics) (Example: 3 cr) (Choose 1: A-F; Cr/N  NOTE: It is required to attach the Course Syllabus to this form.  REQUIRED SIGNATURES:  Student Signature: Date: Print Sign  Instructor: Sign  Date: Date: Date: Date: Date: Date:	requesting a Directed	<b>/</b> ):
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Registrar's Office Use Only:	Office Use Only:	
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