DIRECTED STUDY FORM

SEMESTER: (circle one) Fall / Spring / Summer 20 _____

NUMBER OF CREDIT HOURS: ___________

STUDENT NAME: _________________________________   PID: __________________________

Student Signature:_______________________________________________ Date:_____________

Is this your 1st Directed Study:  □ Yes   or   □ No

Print Professor’s Name:_____________________________________________________________

_____________________________________________________________ Date:______________

Professor’s Signature is Necessary for Directed Study

_____________________________________________________________ Date:______________

Assoc. Dean for Academic Affairs Signature (required when directed study enrollment is MORE than 2 credits)

_____________________________________________________________ Date:______________

Assoc. Dean for Student Engagement Signature (required when directed study enrollment will result in the need for a maximum credit override)

_____________________________________________________________ Date:______________

NOTES:

• A student must have a minimum GPA of 2.0 to take an initial one or two credit Directed Study.
• To take a three credit Direct Study or a second Directed Study, a student must have a minimum GPA of 2.7.
• A student can not earn more than 4 credit hours of Directed Study.
• If using this directed study to satisfy the ULWR, the ULWR Declaration Form must be submitted along with this form.
• A directed study IS a course; therefore enrollment is subject to the semester course enrollment deadlines.

The Registrar’s Office requires at least 24-48 hours to process this enrollment.

Please submit to the Registrar’s Office in person to Room 309, scanned and emailed to regist@law.msu.edu, or by fax 517-432-6821.

Office Use Only:

1st Directed Study-Yes, GPA is 2.0 or above:  □ Yes   □ No ____________
2nd Directed Study OR 3 credits-Yes, GPA is 2.7 or above: □ Yes    □ No ____________

COURSE NUMBER: 624   Section ID #: __________________________

Staff Initials: _______________   Date: _______________