



Scheduling & Publications Office
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DIRECTED STUDY FORM

Students must keep copies of all supporting documents for directed study courses. It is the student's responsibility to ensure that this form is fully completed and submitted by the directed study deadline to the Office of the Registrar in the University Center. **This form will not be processed unless it is complete with all signatures.** Allow five business days for processing. For dates and deadlines, go to www.uaa.alaska.edu/records/calendar.cfm.

Semester: Fall Spring Summer Year _____

Name (print) Last _____ First _____ Middle _____

Student ID _____ Contact Email or Phone _____

Directed study checklist:

1. Be in a degree program – students registering for a directed study course must be active in a degree program.
2. Determine course — must be a permanent catalog course not being offered during the chosen semester.
3. Obtain instructor (regular or term faculty member only), department chair and dean/designee approval and signatures.

Notes:

1. By submitting a directed study form to the Office of the Registrar, the student will be registered for and financially responsible for the requested course.
2. Retroactive registration is not permitted. Forms received after the directed study deadline will not be processed.

Directed study courses are permanent catalog courses delivered on an individual basis when the course is not offered during a semester. Directed study courses must have the approval of the department concerned, supervision by a regular or term faculty member, and final approval by the dean/director.

(See UAA Catalog for full definition and policies at <http://catalog.uaa.alaska.edu/academicstandardsregulations/courseinformation/>)

Prefix _____ Course No. _____ Title (same as catalog title) _____ Credits _____

Select one: Online/Distance Course (eLearning fees may apply) or Face-to-Face Course (On campus fees may apply)

Will this course use on-campus resources? Yes No

I certify that the student has met all prerequisites for the above course.

Instructor Printed Name _____ ID _____ (required)

Instructor Signature _____ Date _____

Department Chair Signature _____ Date _____

Dean/Designee Signature _____ Date _____

I request permission to register for a directed study course. I understand that if approved I will be automatically registered for this course and assessed appropriate tuition and fees which must be paid by the published deadline. I understand that if there are holds on my account, my registration will not be processed.

Student Signature _____ Date _____