

# COLLEGE OF ARTS AND SCIENCES

BOSTON UNIVERSITY • 725 Commonwealth Avenue, Boston, MA 02215

## Directed Study Application

### Part 1: To be completed by student

Date of Application: \_\_\_\_\_  
(must be no later than the first week of the semester.)

Department of Directed Study: \_\_\_\_\_

Supervising Faculty Member: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Value of Directed Study: \_\_\_\_\_

Name: \_\_\_\_\_

ID: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Concentration: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Directed Study Application is for (please circle one)

FALL      SPRING      SUMMER 1      SUMMER 2

Year: \_\_\_\_\_

Please list all previous Directed Studies taken: (Note: 12 credit limit)

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Please answer the following questions on an attached sheet:

1. State clearly the objective, plan of study, and rationale for this Directed Study course. Include a complete bibliography of readings to be completed. If course work takes you off-campus, state the location of the proposed course work. Attach extra pages if needed.

2. State concisely how this Directed Study course fits in with your overall academic program, in relation to both previous work and future goals. Please note that a Directed Study course may not be used under any circumstances, to fulfill a divisional studies requirement.

## Directed Study Application (Part 2 & 3)

### Part 2: To be completed by the supervising faculty member

In order for this agreement to be clearly stated for all concerned, please indicate what percentage each of the following factors will contribute to the student's final grade. This section must be completed thoroughly, as it forms the basis of the contract between the faculty advisor and the student.

#### Attendance

Indicate the approximate number of meetings to be scheduled during the semester: \_\_\_\_\_

Indicate what percentage of the final grade will be reflected by attendance: \_\_\_\_\_

#### Written work

Indicate the number of papers required and the approximate length of each paper: \_\_\_\_\_

Indicate what percentage of the final grade will be reflected by written work: \_\_\_\_\_

**Other preparation required for final grade:** (please specify and include percentage)

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Credit Value of Directed Study: \_\_\_\_\_

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### PART 3: Signatures

1. Student: \_\_\_\_\_ Date: \_\_\_\_\_

2. Supervising Faculty Member: \_\_\_\_\_  
(please print)

\_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

3. Department Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

4. Directed Study Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
(Located In CAS Academic Advising Center, CAS Room 105)

**Please keep a copy of this application and submit the original to CAS Academic Advising Center, 725 Commonwealth Avenue, Room 105.**