

North Central State College

PERMISSION FOR DIRECTED STUDY AND COURSE REQUEST FORM

NOTE DEADLINE: Form must be received by the VPL office no later than 2nd Friday of the quarter

CRITERIA: Successful completion of **60 credits** and at least a **2.67** grade-point average are normally required for admittance to a directed study course. A student cannot normally register for directed study during a quarter in which the class is run; however, a student may request a directed study if there is a time conflict. Students must pay a non-refundable surcharge of \$30 per credit hour (in addition to regular tuition and fees) for directed study courses.

Name _____ SS# _____

Address _____
Number and Street City, State, Zip Code

Home Phone: _____ Work Phone: _____

Major _____

Quarter and year in which you wish to take this directed study _____

Course to be completed by directed study _____
Course No. Name

Reason for requesting directed study _____

My signature below indicates that I understand that if permission is granted for this directed study, I will be registered for the class. In addition, I understand that if I wish to withdraw from the class, I will need to formally withdraw in the Student Records Office.

Student Signature Date

FORM CONTINUED ON REVERSE SIDE - PLEASE TURN OVER

TO BE COMPLETED BY FACULTY MEMBER AND ACADEMIC DEAN/DIRECTOR/CHAIR

GPA _____

Total credits completed at NC State _____

If this directed study course has variable credit and contact hours, please fill in numbers here:			
CONTACT HOURS		CREDIT HOURS	
Lecture	Lab	Lecture	Lab

Recommendation to waive surcharge fee? Yes No

If YES, signature of academic dean/chair required here _____

ACADEMIC DEAN/DIRECTOR/CHAIR: If you are recommending the waiving of the surcharge fee, please clearly indicate reason here:

VPL Approval for Fee Waiver Yes No

Signature _____ Date _____

- | | |
|---|--------------------------------|
| <p>1. _____
PRINTED NAME OF FACULTY MEMBER</p> | <p>_____ CAMPUS ZIP</p> |
| <p>2. Faculty Approval - Write Legibly Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Signature _____ Date _____</p> | <p>_____</p> |
| <p>3. Dean Approval - Write Legibly Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Signature _____ Date _____</p> | <p>_____</p> |
| <p>4. VPL Approval - Write Legibly Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Signature _____ Date _____</p> | <p>_____</p> |

Distribution - Copies to:	
_____ Student Records Office	_____ Cashier's Office (if applicable)
_____ Payroll	_____ Faculty Member
_____ Division Dean/Chair	_____ Student
	_____ VPL (original)