

Maharishi University of Management

Enrollment Center

Name	Semester	Year
Student I.D. Number		
Student Box Number		
or Off-Campus Address		
and Phone Number	e-mail	

DIRECTED STUDY PROPOSAL

Please fill out this petition completely, including the signatures requested, and return to the Enrollment Center.

To the student: Please be sure that **Parts A** and **B** of this form are complete. Then submit it to the Enrollment Center. You may begin your Directed Study after you have submitted it.

◆ Part A: To be filled out by the student

1. Directed study dates:
 Fall Spring _____ Beginning: _____/_____/_____ Ending: _____/_____/_____
YEAR BLOCK/WEEK BLOCK/WEEK
2. Directed Study Instructor: _____ Dept: _____
3. Description of proposed course and why a scheduled course is not being taken:

4. Describe your daily schedule and how often you will meet with your instructor:

◆ Part B: To be filled out by the instructor

1. Short Title of Directed Study: _____
2. How will SCI be incorporated into the course?

3. How will you evaluate the student's progress, and his or her success in meeting the course's objectives?

4. Having considered the benefits of this Directed Study in the light of my own commitments and the student's degree program, I agree to guide this Directed Study.

Instructor's Signature _____ Date: _____

Department Head's Signature _____ Date: _____

◆ Part C: To be filled out by the Registrar

Bulletin number: _____ Instructor: _____ Units: _____

Dates: Fall Spring _____ Beginning: _____ Ending: _____
YEAR

Copies to:
Registrar
Student
Faculty