

Maharishi University of Management

Enrollment Center

Name: _____ Semester _____ Year _____

Student I.D. Number: _____

Phone number: _____

Email address: _____

To the student: Please be sure that **Parts A** and **B** of this form are complete. Then submit it to the Enrollment Center Graduation Advisor at least one week prior to the beginning date of the directed study. Undergraduate directed studies must be approved by the Academic Standards Committee.

DIRECTED STUDY PROPOSAL

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

◆ 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:

5. How will you fulfill the DC group program requirement? _____

◆ 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: _____

Academic Standards Committee _____ Date: _____

◆ Part C: To be filled out by the Registrar

Bulletin number: _____ Instructor: _____ Units: _____

Dates: Fall Spring _____ Beginning: _____ Ending: _____

YEAR

Original to Student File
Copy to Grad.Dir.
Email to Student