

# Directed Study Application

To be submitted during pre-registration, submission deadline is the end of the drop/add period.

Minimum requirements: 3.5 Cumulate GPA for graduate students

## **Part I**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

MA/Msc Program: \_\_\_\_\_ GPA: \_\_\_\_\_

Credit for this Project: \_\_\_\_\_ Semester: \_\_\_\_\_

(1 credit hour requires 15 pages of written academic work at the Graduate level)

Total credits carried for the semester excluding this Project: \_\_\_\_\_

Total credits already earned in *Directed Studies*\*: \_\_\_\_\_

**\*Directed Studies cannot exceed a total of 8 credit hours toward the MA/Msc Degree.**

### Directed Study

MA/MSc Program: \_\_\_\_\_ [course #5900  
grad]

Title: \_\_\_\_\_

## **Part II**

**Graduates:** Please provide a one-page description of your topic, 2-3 key questions you intend to answer through your research, a 500-750 word abstract of your project and paper, as well as a working bibliography (please list 20-30 sources). You should also attach a list of additional sources which you will consult (i.e., "French newspapers", "Congressional Legislation", etc).

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete Part III (on the back of this sheet)**

**Part III** (required signatures of Project Sponsor, Academic Advisor and MA/Msc Program Director)

**Project Sponsor's Name:** \_\_\_\_\_

Project Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Sponsor: Please list the methods of evaluation you will employ (tests, papers, critiques, etc.), and any other comments. Please verify that this student's **3.5 for graduate students**. If not, please justify the acceptance of this project.

---



---



---



---



---



---



---



---



---



---

\_\_\_\_\_  
 Academic Advisor's Name/Signature Date

\_\_\_\_\_  
 MA/MSc Program Director's Name/Signature Date

**Once completed please submit this form to Caroline Meyer-Sharma, office LTM-108 for the Provost's approval.**

\_\_\_\_\_  
 Provost's Name/Signature Date

Approved  Not Approved

Comments: \_\_\_\_\_