



V

Office of the Registrar

Directed/Independent Study Form

Student name: _____

Instructor name: _____

Course subject and number: _____ Credits: ____ Contact hours: ____

Course title: _____ Semester/year given: _____

Prerequisites (if any): _____

(The student must have completed all prerequisites for the course or attach an approved prerequisite waiver to this form.)

Please attach a detailed syllabus for the course or supply these individual pieces of information:

I. Description of course content

II. Learning objectives

III. Resources to be used

IV. Participation (contact hours planned)

V. Evaluation method

Student signature/date

Division Dean signature/date

Faculty signature/date

VP of Academic Affairs signature/date

*** Please note: a student is only allowed to complete two directed studies at Massasoit.***

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CANTON: 900 Randolph St., Canton, MA 02021 ~ PHONE: 508.588.9100, ext. 2677 ~ FAX: 508.427.1236

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