



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): _____

Please note: The student must have completed all prerequisites for the course or attach an approved prerequisite waiver to this form. Students are allowed to complete a maximum of two directed studies at Massasoit.

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