



## College of Liberal Arts & Education

### Undergraduate Student Guidelines for Directed Studies

(Excluded from this policy are courses that were originally scheduled as traditional lecture courses but administratively converted to directed studies due to enrollment issues)

#### **Purpose:**

A directed study (DS) is intended to provide a student the opportunity to conduct an in depth examination of a topic that is not typically offered in a traditional course. A directed study is not intended to duplicate or act as a substitute for a required course. A DS course should demand a substantial project which is equivalent to an upper division course in the department. The details of the work must be specified in the DS contract.

#### **Student Eligibility:**

1. Student has taken all regular courses offered that cover relevant background material for the project/topic.
2. Student has a minimum of a B (3.0) GPA.
3. Student has accumulated at least 60 credits toward degree.
4. Transfer students must have at least 30 credits at University before eligible.
5. Guest students are not eligible

#### **Time Obligation:**

1. Student should be prepared to spend a minimum of 30 hours for each credit hour registered
2. A 3 credit hour course implies about 9 hours of work per week on the part of the student including time meeting with the instructor
3. Student must meet with the instructor regularly with no less than one hour every other week.

#### **Limitations:**

1. May not be for Core Curriculum credit unless prior approval is obtained by Dean's office.
2. Must be in major or minor of student
3. Must be approved before the end of add/drop week.
4. Students may not register themselves for DS courses. All DS courses require instructor, chairperson, student advisor, and dean's office approvals.
5. Student may take only 6 credit hours of DS with any one faculty member
6. Students are limited to 3 credit hours of DS instruction in any one semester (Honor's thesis/projects are exempted)
7. Students are limited to 6 credit hours toward a minor.
8. Students are limited to a total of 9 credits of directed studies counted toward graduation.

#### **Circumstances where a DS course is not warranted:**

1. Student doesn't meet the qualifications (above)
2. Student is unwilling to register for a regular course offering and therefore wishes to take the course under the guise of a DS course.
3. Student has not successfully completed all regular courses that cover the relevant background material
4. The material in the DS course duplicates material covered in other CLAE courses.
5. Student chooses to lighten workload of a heavy course load

In unusual situations (e.g. scheduling has not permitted a student to meet graduation requirements in a normal manner), the above circumstances may be waived by the Dean's office).



# COLLEGE OF LIBERAL ARTS & EDUCATION

## DIRECTED STUDY AGREEMENT

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Student: \_\_\_\_\_ T0# \_\_\_\_\_

Course Number: \_\_\_\_\_ Number of Credit Hrs. \_\_\_\_\_ CRN Number: \_\_\_\_\_

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

Instructor: \_\_\_\_\_

Term 1 \_\_\_; Term 2 \_\_\_; Term 3 \_\_\_; Summer 1 \_\_\_; Summer 2 \_\_\_ Academic Year 20 \_\_\_ - 20 \_\_\_  
 (PLEASE CHECK ONE OF THE ABOVE, THIS INFORMATION IS MANDATORY)

REQUIREMENTS\*\*

DATE DUE

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_

\*\*In addition, as a necessary requirement of the directed study, there will be no less than \_\_\_ meetings to discuss the progress, focus and direction of the assignments to date, as well as any problems that may arise. Due to the nature of directed study, the above requirements will not be completed by the time mid-semester grades are due. Therefore, no mid-term grades will be submitted. This is not a reflection of the quality of the student's work to date but rather one of timing. The grading policy for late assignments will be explained by the instructor.

The above requirements have been explained to me and I fully understand them. I will have these requirements completed by the date due.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Instructor's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Department Chair's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Associate Dean's Signature

\_\_\_\_\_  
 Date



# University of Detroit Mercy Advising and Registration/Change in Registration Form

PLEASE PRINT CLEARLY TO ENSURE ACCURATE PROCESSING

Student ID Number: T0 \_\_\_\_\_  Fall (10)  Winter (20)  Summer (30) 20 \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

College/School:

- Architecture
- Business Administration
- Dental Hygiene

- Engineering & Science
- Health Professions/Nursing
- Liberal Arts & Education
- University College

Undergraduate

- Student Status:
- New Freshman
  - New Transfer/Post Deg
  - Continuing Student
  - Unclassified/Other

Graduate:

- Student Status:
- New Graduate Student
  - Continuing Student
  - Unclassified/Other

Add/Drop A or D	CRN	Subject	Course Number	Section	Credit Hours	Days/Time	Required Signature(s)

Alternate Classes:

CRN	Subject	Course Number	Section	Credit Hours	Days/Time	Required Signature(s)

TOTAL CREDIT HOURS REGISTERED FOR THIS TERM: BEFORE THIS ACTION \_\_\_\_\_ AFTER THIS ACTION \_\_\_\_\_

Check here if this is a total withdrawal from class for this term  Last Date of Attendance: \_\_\_\_\_  
(Date Required for Total Withdrawal from All Classes)

Reason for withdrawal: \_\_\_\_\_

I understand that by signing this form that I, the student, am legally obligated to pay all tuition and fees. In the event of default, the University may refer my account to a credit reporting agency, a collection agency, and/or initiate legal action to recover any outstanding debt. I understand that I am also responsible for the costs of collection including interest, penalties, collection agency fees, court costs and attorney fees.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deans Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only
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