APPLICATION AND AGREEMENT FOR DIRECTED STUDY
College of Humanities, Arts & Social Sciences

Student Name:_____T0#_____

Course Number:_____ Number of Credit Hrs._____

CRN Number (if existing): _____ Course Title:_____

_____

Instructor: _____Instructor T0#_____

Term 1   Term 2   Term 3   Summer 1   Summer 2   Academic Year:_____

Student Justification: Please write a short justification of your interest and preparation for a Directed Study

_____

_____

_____

_____

_____

DS Requirements and Due Dates

REQUIREMENTS**   DATE DUE

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

**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. I fully understand the requirements and expectations.

_____   Date:_____
Student's Signature

_____   Date: _____
Instructor's Signature

_____   Date: _____
Department Chair's Signature

_____   Date: _____
Associate Dean's Signature   Revised 10-20-17, 4/21/22, 1/29/24

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
____Humanities, Arts & Social Sciences
____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	Instructor Signature ONLY REQUIRED FOR LATE ADD

Alternate Classes:

CRN	Subject	Course Number	Section	Credit Hours	Days/Time	Instructor Signature ONLY REQUIRED FOR LATE ADD

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