



# THE GRADUATE SCHOOL

salemstate.edu/graduate

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## Application for Directed Study

The applicant for a directed study course must be accepted in a graduate degree program at Salem State College and in the final third of his/her degree program. A maximum of two directed studies is permitted.

This form must be completed by the student, approved by the instructor and the Program Coordinator then submitted to the Dean of the Graduate School for approval no later than the end of the second week of classes and prior to the beginning of study. The student must then register for the approved study following the procedures of the Graduate School. A directed study should be completed within the given semester. *Please note that the tuition and fees for a directed study must be paid in full by all students at the time of registration.*

**Full Name:** \_\_\_\_\_  
Last Name First Name Middle Initial ID Number

**Address:** \_\_\_\_\_  
No./Street City/Town State/Province Postal Code

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Degree Program:** \_\_\_\_\_ **Total Number of Credits Completed:** \_\_\_\_\_

**Reason for Directed Study:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Information on Proposed Directed Study

**Catalog Number and Course Title:** \_\_\_\_\_

**Instructor's Name:** \_\_\_\_\_ **Number of Credits:** \_\_\_\_\_

**Description:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Semester and Academic Year:**     Fall     Spring     Summer I     Summer II

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

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Graduate Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please attach any additional necessary documentation to this form. Examples of additional documentation may include a chronological outline of assignments, a chronological outline of student/instructor meetings, or further explanation of the content to be covered in the directed study.