

DIRECTED STUDY REGISTRATION FORM

Hawai'i Pacific University – Registrar's Office



Instructions (MCP Students should contact their coordinator/advisor for assistance):

1. Student meets with academic advisor to discuss the need for a Directed Study.
2. Student and advisor sign and date the form; advisor reviews next steps with student.
3. Student meets with the instructor to review request and requirements. Instructor's signature on the form indicates approval. **NOTE: It is required to attach the Course Syllabus to this form.** (If instructor does not approve, student should consult academic advisor for options.) *
4. Student submits the form to the appropriate department/college for review and signature(s). Signatures from the administrators indicate approval of the request.
5. After signing, department official gives form to the administrative assistant who records the CRN in the designated box below and forwards the completed form to the Registrar's Office to be processed and filed.

* **IMPORTANT:** If the request for a directed study course is not approved, the form is returned to the academic advisor with a note of explanation from the department or college representative.

PLEASE PRINT LEGIBLY:

Name: _____
(Last) (First) (Middle)

HPU Student ID: @ _____ Term: _____ Year: _____

Reason for requesting a Directed Study Course (attach another page if necessary):

Course Alpha & Number (Example: MATH 1123)	CRN	Catalog Course Title (Example: Statistics)	Credits (Example: 3 cr)	Grade Type (Choose 1: A-F; Cr/NC; P/F)

NOTE: It is required to attach the Course Syllabus to this form.

REQUIRED SIGNATURES:

Student Signature: _____ Date: _____

Advisor: _____ Date: _____
Print Sign

Instructor: _____ Date: _____
Print Sign

Signature 1-Check one: Dept/Prog Chair Asst/Assoc Dean Dean Other: _____
_____ Date: _____
Print Sign

Signature 2 (if required)-Check one: Asst/Assoc Dean Dean Other: _____
_____ Date: _____
Print Sign

Registrar's Office Use Only:

SFAREGS: _____ SPACMNT: _____ Email notification: _____ Initial: _____ Date: _____