COLLEGE OF MARIN

OFFICE OF ADMISSIONS & RECORDS

Application for Directed Study

DATE RECEIVED_____

INITIALS_____

PLEASE PRINT. PLEASE USE INK AND ALLOW TEN DAYS FOR PROCESSING.

SEMESTER ❒ Fall 20_____
❒ Spring 20_____
❒ Summer 20_____

MARIN ID # _____

SOCIAL SECURITY # ___ __ ____

NAME

LAST FIRST M.I.

MAILING ADDRESS

NUMBER & STREET

CITY STATE ZIP

DAY PHONE

AREA CODE TELEPHONE NUMBER

E-MAIL ADDRESS _____

COURSE REFERENCE #	DISCIPLINE TITLE	UNITS	FACULTY/MENTOR
	Directed study _____/ 249		

1. PURPOSE (goals / objectives)

Use reverse side for additional information. _____

2. ACTIVITIES (method of attaining goals / objectives)

Use reverse side for additional information. _____

3. CRITERIA FOR EVALUATION (accuracy, completeness, comprehension, mastered skills, etc.)

4. METHOD FOR EVALUATION (reading, papers, presentations, performances, assignments, examinations, etc.)

5. NUMBER OF HOURS REQUIRED

Check one:

❒ 1 unit, 52.5 hours study,
3.0 hours instructor conference

❒ 2 units, 105.0 hours study,
6.0 hours instructor conference

❒ 3 units, 157.5 hours study,
9.0 hours instructor conference

6. INSTRUCTOR OFFICE HOURS

Days and Times _____

Office No._____ Office Phone No. _____

Additional days and times of instructor availability by phone or in office for this course (one hour per week per unit of credit).

Days and Times _____

Office No. (if applicable)_____ Phone No. _____

SIGNATURES

The form is to be signed by a full-time instructor, credentialed in the requested discipline, and filed in the Office of Admissions and Records with class "Enrollment" card by the end of the second week of instruction for Fall or Spring Semesters and by the end of the first week of instruction for Summer Session. Students are limited to a maximum of 12 units or four enrollments of directed study.

Student _____ Date_____ Instructor _____ Date_____

Dept. Chair_____ Date_____ Dean _____ Date_____