Request for Arranged Course or Directed Study

Today’s Date_______  Term of course Fall/Spring/J-Term/Summer _________

Student Name_______________________   Graduation Year_____________

Course Prefix and Number_____________   Course Title________________

Instructor Name_____________________   Credit Hours_______________

**Note** All requests must be accompanied by a course syllabus that describes the academic expectations of the course (readings, exams, papers, projects, etc.).

1. Will the course have regular meeting times? If so, what are they?
2. If the course will not have regular meeting times, please describe the nature and the expected frequency of the interaction between instructor and student.
3. Will this course be taught as a distance education course? (See the following page for federal definition)
4. Based on the expected interaction between student and instructor and the course requirements outlined on the syllabus, can you verify that this course satisfies Hastings College’s expectations regarding the amount of credit awarded? (See following page for guidance)
5. Why does the student need to take this course as an arranged course or a directed study?

___________________________
Signature of instructor/Date

___________________________
Department Chair Approval/Date

___________________________
VPAA or AVPAA approval/Date