

University of Findlay
Directed Study* Application

*This course is being offered on the schedule for this session
but I cannot meet at that time due to special circumstances.

Name _____ I.D.# _____

Local Address _____ Cum GPA _____

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Course Number	Title	Sem/Year	No. of Hours
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Syllabus must be attached to this form.

I request permission to take the above course by Directed Study. I am aware that I will be charged the current tuition rate plus an additional fee for this course. **I UNDERSTAND THAT IF I DROP THIS COURSE, THE NORMAL REFUND POLICY FOR A 15-WEEK SESSION WILL APPLY, UNLESS THE APPLICATION WAS SIGNED BY THE DEAN AFTER THE START OF THE SESSION. IN THAT CASE, I UNDERSTAND THAT I WILL RECEIVE NO REFUND OF TUITION OR ADDITIONAL FEE (S) IF I DROP TWO WEEKS OR MORE AFTER THE DEAN HAS SIGNED THE FORM.** To the best of my knowledge, all information on this application is accurate.

Student Signature _____ Date _____

Review And Approval Of The Application

Supervising Instructor	Date	Academic Advisor	Date
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Dean of College	Date	Area Director	Date
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Date Registrar's Office Received: _____ Date Processed: _____