Directed Study Application

Please complete the following. This information will be maintained in your permanent record file.
One copy of this form MUST be filed with the Records Office by last date to add classes (published for each semester).

Student FULL NAME ____________________________ Classification _____________ Student ID __________________________

Telephone Cell ____________________________ Work ____________________________ EMAIL ____________________________

Campus Box ____________________________ Major ____________________________ Faculty Directing ____________________________

Department _____________ Directed Study #
(Faculty--Put add'l info on attached COURSE ADD FORM, if not in COURSE SCHEDULE. Information on the course number should be in the catalog--review with Department Chair/using catalog.)

Amount of Semester Hours Credit _____________

Year:__________ Semester: ___Fall ___Spring ___Summer 1 ___Sum 2 ___Sum Long

(Agreement begins on: ____________________________ and ends on: ____________________________)
These should coincide with a given semester’s date.

Description of student’s general plan for this project: ____________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Specific Objectives: _______________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Learning Resources: ______________________________________________________________________________
_______________________________________________________________________________________________

Learning Activities: ______________________________________________________________________________
_______________________________________________________________________________________________

Method(s) of Evaluation: _____________________________________________________________________________

Criteria for Evaluation: _____________________________________________________________________________

Method of Grading: ___Credit/No Credit ___Letter Grade Completion Date:____________________

SIGNATURES:

Student____________________________________ DATE____________________

(Millsaps Faculty Instructor________________________ DATE____________________

Millsaps Department Chair________________________ DATE____________________

Millsaps Advisor____________________________ DATE____________________

Form last updated: 4/5/17
COURSE SCHEDULE - CHANGE/ADD/DELETE

TO: Office of Records

FROM: ________________________ Department Chair

You are hereby authorized to make the following change in the class schedule:

- Fall  - Spring  - Summer 1  - Summer 2  - Summer Long  - Year

[ ] CHANGE
[ ] DELETE
[ ] ADD

( ) Regular course
Subject Code: _______  Course Number: _______  Section Number: _______

( ) Research 1700, 1701, 1702, 1703, 2700, 2701, 2702, 2703, 3700, 3701, 3702, 3703, 4700, 4701, 4702, 4703
Subject Code: _______  Course Number: circle one above  Section Number: _______

( ) Special Topics 1750, 1751, 1752, 1753, 2750, 2751, 2752, 2753, 3750, 3751, 3752, 3753, 4750, 4751, 4752, 4753
Subject Code: _______  Course Number: circle one above  Section Number: _______

( ) Directed Study 1800, 1801, 1802, 1803, 2800, 2801, 2802, 2803, 3800, 3801, 3802, 3803, 4800, 4801, 4802, 4803
Subject Code: _______  Course Number: circle one above  Section Number: _______

( ) Internship 1850, 1851, 1852, 1853, 2850, 2851, 2852, 2853, 3850, 3851, 3852, 3853, 4850, 4851, 4852, 4853
Subject Code: _______  Course Number: circle one above  Section Number: _______

Course Name __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
(title is limited to 30 characters, including spaces)

Credit Hour Value_____

( ) CROSS-LIST with Dept.___________ Course #___________ Section__________

Grading:

( ) Credit/No Credit

( ) Regular Credit

Please provide location and time if known.

Time ________________
Building ________Room ________
Professor________________________________________

==================================================================

Approved:

__________________________________________  ______________________
Department Chair  Date

==================================================================

Processed in Records by ____________________  Date__________

Form last updated 4/5/2017
Millsaps College – Office of Records

Change of Schedule

DATE ________________________________

(See college catalog for associated fees.)

Student ID # _________________________  Sem. _____  Yr. _______

NAME ______________________________

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Student Signature ______________________________  Advisor Signature ______________________________

Special Instructions

– AUD – course to be AUDITED
– REP – course REPEATED
– CR – credit only (see Catalog)

Office – REC ______/_______
Hours chged from ______ to ______