

## **Enrollment & Student Services**

One College Drive Calais, ME 04619

207-454-1034 Instate: 800-210-6932 Fax: 207-454-1092

## **Request for Directed/Independent Study**

Last Name:	First Name:	M.I.:
Mailing Address:	City:	State: Zip:
Phone Number: US Cellular	Cell Phone Number:	Text Updates:YesNo
Student ID #:	_ Email address:	
Expected Date of Graduation:	Accumulated GPA:	Accumulated Credits:
Advisor:		
D	irected/Independent Study Polic	y
semester hours of graduation in a one program, with an accumulative G.P.A an approved directed study or studies evident that the course(s) will not be postponement of completion of the s directed study may also be approved requirement. In rare circumstances, s writing for a directed study to the Accumulation, applicants for a directed apply or obtain the instructor's perminformation and obtained appropriate copies of all written materials used for	study must either meet the prerequisite(sission to take a directed/independent stue signatures and be approved prior to regor evaluation purposes must be submitte	burs of gradation, in a two year maximum of 6 semester hours in a matriculated student when it is chedule, resulting in a ly be completed in that term. A edule with another program y requirements may apply in s) of the course for which they dy, completed the below eistration for the directed study; d with a final grade report Donna
and the Academic Dean.	n. Permission for directed study is grant	ed at the discretion of the instructor
Standard tuition and fee rates apply.		
Independent Study Proposal	Course Code & Title	Credit Hours
Instructor:		

**Non-Discrimination Policy**: Washington County Community College is an equal opportunity/affirmative action institution and employer. For more information; please call Tatiana Osmond, Affirmative Action Officer, at 454-1094.



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Statement of the Study (briefly describe the study project)	:	
Statement of Reason (Briefly describe your need for an in	dependent/directed study):	
Topical Outline (Provide a topical outline of the study act	ivity or attach syllabus):	
Data Project Paging	Note Project Ends	
Date Project Begins:Date Project Ends:  This form must be completed and submitted to Anne Donahue, Coordinator of Enrollment & Student Services within three weeks of the start of the semester in which the course is to be completed.		
I hereby apply for a directed study course listed below. All been met, or the Academic Dean has granted a waiver. I reason for a waiver was requested and granted, the waiver	have completed an Independent Study Contract and if	
Student Signature:	Date:	
Advisor Signature:	Date:	
Instructor Signature:	Date:	
Approved Denied		
Academic Dean Signature:	Date:	



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Processed: _	For Office Use O	
	Initials	Date