Directed Readings, Special Studies, Independent Lab Research Request

Definitions:
**Directed Readings**—Courses in which students meet with a faculty member to discuss, analyze, and interpret a set of agreed-upon texts in a given field of study.
**Special Studies**—Student works closely with a mentor in the areas of performance, studio, and production.
**Independent Lab Research**—Student participates in a faculty member’s research.

Please circle appropriate designation for this request: DR SS ILR

Students pursuing any of the above should have a minimum GPA of 3.5 in their major. The proposed course of study may not duplicate or reflect content of regularly offered courses. The work should reflect the intellectual challenge, intensity and time commitment reflected in the number of credit hours awarded. Departments will normally limit to two the number of Directed Readings, Special Studies, or Lab Research classes that may fulfill the requirements of the major.

**Role of Faculty Mentor**—To assist in developing a specific timetable for consultations and submission or presentation of student work; to advise the student on possible sources of information; to help the student develop a specific timetable for consultations and submission or presentation of work; provide feedback on a regular basis; suggest and facilitate consultation with other faculty or sources to assist student; offer constructive criticism.

I agree to direct the work of ________________________________ (student’s name)
in______________________________ (title of Directed Reading, Special Studies, Lab Research)
for __________________________ in the __________________________ term.
(number of credits) (full/spring, year)

Previous courses taken in relevant department ____________________________________________

______________________________   ________________________________   ______________________
Directing Faculty Signature           Name (please print)             Date

Approved by: ________________________ For: ________________________
Departmental DUS or Advisor           Department name

______________________________   ________________________________   ______________________
Undergraduate Dean Signature           Name (please print)             Date

A syllabus and proposed schedule of meetings and deadlines for completion of work must be attached to this form for dean’s approval.