



# DIRECTED STUDY APPROVAL FOR ECAMPUS, CTC, CRCD

**UAF eCampus**  
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**UAF CTC**  
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**UAF CRCD**  
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Directed Study is a student/instructor contract to engage individually in a course that exists in the catalog, outside of the regularly-scheduled course sections in a given semester. A directed study proposal may be approved if:

- the course is not being offered for the semester and completion of the course is needed for graduation.
- the course is exactly as listed in the catalog.

Use the Individual Study Approval Form if the class is not listed in the current catalog, or if there will be changes to the course as listed in the catalog, (Example: Changing a letter grade course to Pass/Fail)

Student's last name	First	MI	UA ID
Phone	Email		

### COURSE INFORMATION - to be completed by instructor. All information below is required for processing. Missing information will cause delays in registration

Subject \_\_\_\_\_ Semester \_\_\_\_\_ Contact hours per week: With instructor \_\_\_\_ Independently \_\_\_\_  
 (Math, Engl, Ed) (Spring, Summer, Fall)

Course start/end dates: Start date \_\_\_\_\_ End date \_\_\_\_\_ Year 20 \_\_\_\_

Delivery Method Face to Face Web Meeting Will meet with instructor Online Will not meet with instructor

#### From UAF Catalog:

Grading system: Letter Pass/fail No. of credits \_\_\_\_ Course No. listed in current catalog \_\_\_\_\_

Course title \_\_\_\_\_  
 (There are 25 spaces available for the course title. Directed Study must match current catalog.)

#### All below signatures are required

Instructor's last name	First	Instructor's UA ID
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Student's signature	Date
<i>By signing I understand I am responsible for all applicable UAF academic regulations, tuition and fees whether or not I successfully complete the course or courses in which I am enrolling. The university may drop me for nonpayment. I promise to pay attorney's fees and other reasonable collection costs necessary for the collection of any amounts owed UA. If I do not pay, the university may take my Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073.</i>	

Instructor's signature	Date
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Department chair's signature	Date
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Dean's signature	Date
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#### Office use only

Registration	INDS (RE or AC)	Processed by _____	Date _____
Acad. scheduling	CRN	Processed by _____	Date _____
Records	Drop-swapped (DS)	Processed by _____	Date _____