

UNIVERSITY OF MAINE AT FORT KENT

DIRECTED STUDY

STUDENT'S NAME:		SOCIAL SECURITY #:
COURSE NUMBER:	LOWER LEVEL:	UPPER LEVEL:
NUMBER OF CREDITS:		GPA:
TITLE OF PROPOSAL:		
DIVISION: Arts & Humanities Education Natural & Behavioral Sciences Nursing		
STARTING DATE:	ENDING DATE:	

DIRECTED STUDY PROJECTS MAY BEGIN AT ANY TIME, BUT DATES OF RECORD ARE TO BE ARRANGED TO COINCIDE WITH BEGINNING AND ENDING DATES OF REGULAR SEMESTER OR SUMMER SESSION.

DISPERSAL OF DIRECTED STUDY CREDITS

FALL SEMESTER (year)	SPRING SEMESTER (year)	SUMMER SESSION (year)
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NOTE: STUDENT MUST REGISTER FOR DIRECTED STUDY FOR EACH SEMESTER SHOWN ABOVE.

SIGNATURE OF STUDENT:	DATE:
APPROVED BY FACULTY SPONSOR:	DATE:
APPROVED BY DIVISION CHAIR:	DATE:

- Distribution:
1. Student
 2. Faculty Sponsor
 3. Registrar's Office

OBJECTIVES:

DESCRIPTION OF PROPOSAL:

METHODS OF EVALUATION: