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"Catch Your Dream Through a Superior Education"

Directed Study Contract

Student Name _____ Instructor Name _____

Student Phone _____ Instructor Phone _____

Student ID# _____ Semester _____

Course Number/Name: _____

Meeting Schedule

Meeting Dates	Meeting Place	Meeting Times

Course Completion Date: _____

Work Schedule

Required Assignments, Tests, and/or Projects	Due Date

I, _____, am registering for a directed study course. I understand that taking a directed study means that I, the student, must take responsibility for my learning. The instructor will facilitate my learning through answering questions, discussing key issues with me, and by assigning appropriate readings, homework, exams, or other assessment tools as outlined in this contract.

Student Signature and Date

Instructor Signature and Date