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Keweenaw Bay Ojibwa Community College



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*"Catch Your Dream Through a Superior Education"*

## REQUEST FOR DIRECTED STUDY

Directed Study courses are only allowed in cases of demonstrated student need and capacity for individual work. Some courses may be designated as unsuitable for directed study.

<b>STUDENT INFORMATION</b>
Name _____ Student ID Number _____
Address _____ Telephone _____
_____ E-Mail _____

Course Number/Name: \_\_\_\_\_ Semester Enrolled \_\_\_\_\_

Proposed Instructor: \_\_\_\_\_

Rationale: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Proposed Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

*To be completed by proposed instructor:*

Status: [ ] included in teaching load [ ] for pay

Describe significant course modifications needed to adapt to directed study, if any \_\_\_\_\_

*To be completed by the Dean of Instruction:*

Approve Directed Study [ ] yes [ ] no Comment: \_\_\_\_\_

Approve proposed instructor [ ] yes [ ] yes with status change/condition: \_\_\_\_\_ [ ] no

Alternate Instructor: \_\_\_\_\_ Status: [ ] included in teaching load [ ] for pay

Proposed Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Alternate Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean of Instruction Signature \_\_\_\_\_ Date \_\_\_\_\_

**You must submit this completed form with necessary signatures to the Enrollment Coordinator's office to complete registration.**

Date registered: \_\_\_\_\_ Enrollment Coordinator's Initials: \_\_\_\_\_