



1701 North State Street, Campus Box 150436
Jackson, MS 39210-0001
Web: www.millsaps.edu/records
Email: records@millsaps.edu
Office: Academic Complex, Room 142
Phone: 601-974-1120
Fax: 601-974-1114

Directed Study Application

Please complete the following. This information will be maintained in your permanent record file.
One copy of this form MUST be filed with the Records Office by last date to add classes (published for each semester).

Student FULL NAME \_\_\_\_\_ Classification \_\_\_\_\_ Student ID \_\_\_\_\_

Telephone Cell \_\_\_\_\_ Work \_\_\_\_\_ EMAIL \_\_\_\_\_

Campus Box \_\_\_\_\_ Major \_\_\_\_\_ Faculty Directing \_\_\_\_\_

Department \_\_\_\_\_ Directed Study # \_\_\_\_\_

(Faculty--Put add'l info on attached COURSE ADD FORM, if not in COURSE SCHEDULE. Information on the course number should be in the catalog--review with Department Chair/using catalog.)

Amount of Semester Hours Credit \_\_\_\_\_

Year: \_\_\_\_\_ Semester: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer 1 \_\_\_ Sum 2 \_\_\_ Sum Long

(Agreement begins on: \_\_\_\_\_ and ends on: \_\_\_\_\_)

These should coincide with a given semester's date.

Description of student's general plan for this project: \_\_\_\_\_

Specific Objectives: \_\_\_\_\_

Learning Resources: \_\_\_\_\_

Learning Activities: \_\_\_\_\_

Method(s) of Evaluation: \_\_\_\_\_

Criteria for Evaluation: \_\_\_\_\_

Method of Grading: \_\_\_ Credit/No Credit \_\_\_ Letter Grade Completion Date: \_\_\_\_\_

SIGNATURES:

Student \_\_\_\_\_ DATE \_\_\_\_\_

(You must provide copies of the final agreement to the advisor, instructor, Office of Records.)

Millsaps Faculty Instructor \_\_\_\_\_ DATE \_\_\_\_\_

Millsaps Department Chair \_\_\_\_\_ DATE \_\_\_\_\_

Millsaps Advisor \_\_\_\_\_ DATE \_\_\_\_\_



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COURSE SCHEDULE - CHANGE/ADD/DELETE

TO: Office of Records
FROM: Department Chair

You are hereby authorized to make the following change in the class schedule:

\_\_ Fall \_\_ Spring \_\_ Summer 1 \_\_ Summer 2 \_\_ Summer Long \_\_\_\_ Year

[ ] CHANGE

[ ] DELETE

[ ] ADD

- ( ) Regular course
Subject Code: Course Number: Section Number:
( ) Research 1700, 1701, 1702, 1703, 2700, 2701, 2702, 2703, 3700, 3701, 3702, 3703, 4700, 4701, 4702, 4703
Subject Code: Course Number: circle one above Section Number:
( ) Special Topics 1750, 1751, 1752, 1753, 2750, 2751, 2752, 2753, 3750, 3751, 3752, 3753, 4750, 4751, 4752, 4753
Subject Code: Course Number: circle one above Section Number:
( ) Directed Study 1800, 1801, 1802, 1803, 2800, 2801, 2802, 2803, 3800, 3801, 3802, 3803, 4800, 4801, 4802, 4803
Subject Code: Course Number: circle one above Section Number:
( ) Internship 1850, 1851, 1852, 1853, 2850, 2851, 2852, 2853, 3850, 3851, 3852, 3853, 4850, 4851, 4852, 4853
Subject Code: Course Number: circle one above Section Number:

Course Name (title is limited to 30 characters, including spaces)

Credit Hour Value

( ) CROSS-LIST with Dept Course # Section

Grading:

( ) Credit/No Credit

( ) Regular Credit

Please provide location and time if known.

Time Building Room

Professor

Approved:

Department Chair Date

Processed in Records by Date

Millsaps College – Office of Records  
Please PRINT all information.

**Change of Schedule**      **DATE** \_\_\_\_\_  
(See college catalog for associated fees.)

Student ID # \_\_\_\_\_ Sem. \_\_\_\_\_ Yr. \_\_\_\_\_

NAME \_\_\_\_\_

Last

First

Middle

	Dept.	Course #	Section	Sem. Hrs	Special Instructions	Instructor Signature
ADD						
ADD						
ADD						
DROP						
DROP						
DROP						

Student Signature \_\_\_\_\_ Advisor Signature \_\_\_\_\_

**Special Instructions** – AUD – course to be AUDITED  
– REP – course REPEATED  
– CR – credit only (see Catalog)

Office – REC \_\_\_\_\_ / \_\_\_\_\_  
Hours chged from \_\_\_\_\_ to \_\_\_\_\_