| **FTCC logo**  P.O. Box 35236BD14583_ 2201 Hull Road BD14583_ Fayetteville, North Carolina 28303-0236 |
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**DIRECTED STUDIES AGREEMENT**

| **Student’s Name:** |  | **Student ID#:** |  |
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**Instructor’s Name:**

**Course & Title:**

**Semester & Year:**  **SP**        **FA**        **SU**

**1. Objective** (upon completion of the directed study, the student should be able to):

**2. Communication Agreement:** The student must contact the instructor       times per week during the directed study time period. Students are encouraged to do so by email; other options include office appointments, phone calls, or other means deemed appropriate.

**3. Textbooks and Authors:**

**4. Reading (titles, authors, pages):**

**5. Projects and/or Research Papers:**

**6. Experiences:**

**7. Presentations:**

**8. Examinations and Assessments:**

**9. Instructor’s responsibilities include:**

* **Maintain an attendance record/log (to include date, length of session, topics discussed, and student’s signature) and will submit to the Department Chair, Academic Dean, and Registrar at the end of the semester/term.**
* **Course syllabus (to be attached to the signed Directed Studies Agreement).**
* **Teaching timeline.**
* **Class roster.**
* **Learning outcomes.**

**10. The study is to be completed by the end of the semester in which it was registered for. If a grade is not available by the end of the registered semester, an incomplete grade will be given.**

**Instructor Agreement:**

**I agree to supervise the directed study for which the above named student has applied.**

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| **Instructor’s Signature** | **Date** |

**Student Agreement:**

**I agree to the terms and conditions of this directed study.**

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| **Student’s Signature** | **Date** |

**Chairperson Approval:**

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| **Department/Division Chair’s Signature** | **Date** |

**Academic Dean Approval:**

|  |  |
| --- | --- |
| **Academic Dean’s Signature** | **Date** |