



## Directed Study and Directed Applied Research Approval Form

(\*this form does not take the place of the directed study form to be completed and sent to the registrar)

Instructor's Name			
Student's Name			
Student's KSU #			
Semester/Year		Credit Hours	

Select type of Directed Study (see guidelines for descriptions):	Mark "X"
Student learning/mentoring intensive, faculty benefit low	
Student learning/mentoring moderate, faculty benefit high	
Shared benefit	
Please provide a brief description of the proposed directed study including a description of the product (i.e., presentation, paper):	
Date product will be completed: _____ / _____ / _____	

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

**Approval by Department Chair:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date