



DIRECTED READING OR RESEARCH COURSE FORM (For 199V 299V 399V or 499V Directed Studies Courses)

Office of the Registrar / 200 West Kawili St. Hilo, HI 96720-4091 / Student Services Center, First Floor Rm 101 / Phone: (808) 932-7447 / Fax: (808) 932-7448 / E-mail: uhhro@hawaii.edu

- This form must be completed prior to registration for any course numbered 199V, 299V, 399V, or 499V.
A student may register for no more than six credits of X99V courses per semester with no more than three credits granted for any single X99V course.
No more than twelve credits received from X99V courses may be applied toward a degree.
Students may not use X99V courses to satisfy General Education area requirements.

SECTION I: Student Information:

Name: Last First MI Student ID:

Phone: Email: @hawaii.edu

I understand and agree that I must complete a minimum of three (3) study hours per credit hour per week and that it is my responsibility to make appropriate arrangements with the approving faculty for critiques and final submissions of complete work.

Student signature: Date:

SECTION II: Course Information:

Course Alpha: Course Number: Title:

Semester: Fall Spring Summer: Year: 20 Credits:

Delivered Distance Completely Online (DCO): No Yes

Is this course to be used in lieu of a regular course? No Yes

If yes, content and semester hours must be identical to regular course: Course Alpha & Number:

SECTION III: Course Outline:

Provide a detailed outline of your proposed work (use reverse side or attached separate sheet). Proposal should include: Title; Overview of the proposed course; Purpose or objectives, including expected learning outcomes; Procedure for how the course will be taught; Resources to be used; Expected products from the course; Means of evaluation.

SECTION IV: Instructor and Department Chair permission:

Instructor's name: ID or username:

Instructor's signature: Date:

Dept. Chair's name:

Dept. Chair's signature: Date:

SECTION V: Submit ORIGINAL completed form to Office of the Registrar

FOR OFFICE USE ONLY:

SOAHOLD\* DCO SIAASGQ SSASECT\* SFAREGS\* Initials: Date: CRN:

\*FO & HW holds checked \*Uncheck Voice Response \*Max CR limit met