

2017 SUMMER SESSIONS DIRECTED STUDY FORM

Students: This form is *only* to be used for summer courses that involve independent work with a faculty or staff member. After you have set up a plan with a faculty or staff member, please fill out and follow the directions within the first section of this form.

Course Instructor: Please confirm the student's course information in section one, fill out the second section in full, and then e-mail the form to your department chair.

Department Chair/Director/Area Coordinator: Please review the information in the first two sections, complete the third section, indicating whether additional compensation is to be paid for this work. Follow instructions in section three.

Section 1: Student

First Name		Last Name		M.I.	Student ID #
Permanent Address		City	State	Preferred E-mail	
Course #1: Subject/Catalog	Credits	Summer Session <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Course #2: Subject/Catalog	Credits	Summer Session <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<p>Your verification on this form indicates that you agree to be registered for the course(s) and to pay the associated tuition and fees (normal summer session rates). You can drop a directed study course at any time prior to the drop dates for the session in which you are registered. If you do decide to drop a course, please do so immediately on e-campus and send a notification e-mail to your instructor.</p> <p>Once you have completed this section and verified your acceptance of the terms in the space below, save the form and e-mail it to the instructor with whom you will be working.</p>					
Students: Please type your full name to accept the above terms.					Date

Section 2: Course Instructor

First Name		Last Name		M.I.	Employee ID #	Preferred Phone
Permanent Address		City	State	Preferred E-mail		
<p>Please note due dates for grades in the URI Summer Academic Calendar. Your verification in the space below indicates your willingness to supervise this student's directed study work. Compensation (Summer Sessions only) for faculty is \$72 per credit up to a maximum of fifteen credits (provided that the total summer compensation does not exceed 25% of base salary on general revenue fund).</p>						
Instructors: Please type your full name to accept the above terms.						Date

Section 3: Department Chair/Director/Area Coordinator

First Name		Last Name		M.I.	Name of Department	Compensation <input type="checkbox"/> Normal Load/No Comp <input type="checkbox"/> Compensation Approved
<p>Once you have signed the form, please scan and email it to directedstudies@etal.uri.edu. It is the department chair's obligation to ensure that the student is able to take this course and that there are no holds on the student's account. Forms must be received by the end of the add period within the session which the independent study will occur in order to guarantee compensation; exceptions will require a late-add justification. Please send questions to directedstudies@etal.uri.edu.</p>						
Department Chair/Director/Area Coordinator: Please type your full name to accept the above terms.						Date