



Southwest College of Naturopathic Medicine and Health Sciences

Directed Study

Student Name _____ SS# _____

The above named student hereby enrolls for the following Directed Study Course:

Course Number _____ Title _____

Instructor _____ Credits _____

Effectuated Quarter: Fall []; Winter []; Spring []; Summer []; 20____
Year

Course Description _____

Week to Week Plan/Elements of the Project:

Due Dates

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

Reason for Directed Study

Student Signature/Date

Faculty Signature/Date

Registrar Signature/Date

VP Academic Affairs Signature/Date