THEATRE 448 (DIRECTED STUDIES) REQUEST FORM

This form must be completed and signed by BOTH the student and the faculty supervisor and returned to Karen Tong in the Theatre Office. It will then go to the Program Advisor for approval. The Advisor may ask for revisions or more information. **NO ONE MAY REGISTER FOR 448 UNTIL THE PROPOSAL HAS BEEN APPROVED.**

**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FACULTY SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROPOSED NUMBER OF CREDITS (3 OR 6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROPOSED TERM (e.g., Winter 2008) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COURSE DESCRIPTION, RATIONALE AND BIBLIOGRAPHY (to be completed by student):** Please attach a one page (approx. 300 word) rationale and description for the proposed Directed Study. Why do you want to do this project, why can’t it be accommodated within a regularly scheduled course, what do you intend to investigate or study, what do you hope to learn, and why have you requested this particular supervisor for the project? Please also attach a bibliography (no more than one additional page) of relevant materials to show that you have thought this through and done some preliminary research.

**COURSE STRUCTURE AND REQUIREMENTS (to be completed by Supervisor and Student):** Please attach one page (or less) explaining the basic structure of the course—for example, how often supervisor and student will meet, what specific tasks or readings will be assigned, and the basis for the grade (e.g., two 1000 word papers @ 25% and a 2000 word paper @50%, or two rehearsals and a performance, or two designs and a constructed costume or …).

**STUDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_**

**SUPERVISOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM ADVISOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_**