

Unity College
Directed Study Proposal

Name: _____ Date Submitted: _____

Date to be Started: _____ Date to be Completed: _____

Course #: _____

Title: _____

Rationale for taking this course as a directed study:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Center Director's Signature: _____ Date: _____

Advisor's initials _____