

DIRECTED STUDY REQUEST FORM

LAST NAME:		ACADEMIC YEAR:	
FIRST NAME:		REGISTRATION STATUS: (please check ✓ one of the boxes below)	
DATE:		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time <input type="checkbox"/> Occasional

Add a Directed Study:

TYPE OF REVISION	COURSE NUMBER	COURSE NAME	SEMESTER	CREDIT HOURS

Directed Study Revisions or changes permissible DURING the Registration Revision Period:

TYPE OF REVISION	COURSE NUMBER	COURSE NAME	SEMESTER	CREDIT HOURS	REASON FOR REVISION

Signatures:

Student _____
Date

Instructor _____
Date

Academic Advisor or Department Chair _____
Date

Registrar _____
Date

Academic Dean _____
Date

FOR OFFICE USE ONLY

Payment required:					FINANCIAL ADJUSTMENT (authorizations)	
Receipt #:					Payment	
Refund required:					Tuition refund	
Cheque #:					ExL Textbook	
Enrollment Counsellor:					N/A	
Date:						

In keeping with the Federal Privacy Laws, personal information collected will be used for the purposes of Enrollment: registering students, maintaining student records, processing student payment, gown orders, providing Blackboard accounts (ExL), to inform of future courses available and of Student Development: making housing arrangements for Booth College students and non Booth College students, providing counseling services to students, coordinating Student Life, organizing chapel, and contacting students. The personal contact information will be used in case of emergency. If you have any concerns about this, wish to opt out, or for more information on our Privacy Policy, please contact our Privacy Officer at privacy@boothcollege.ca or call (204) 947-6701 or check out our website at www.boothcollege.ca.

original to Enrollment Counselor/Registrar; cc: Student, Advisor or Department Chair, Accountant