



**SAINT MICHAEL'S COLLEGE**  
Graduate Education Department

***GUIDELINES for  
PROPOSED COURSE DESCRIPTION***

**GED 686 INDEPENDENT STUDY # of credits \_\_\_\_ (1-6)**  
**GED 687 DIRECTED READINGS # of credits \_\_\_\_ (1-6)**

***Important Note: The attached form, the proposed course description AND the regular course registration form must be ALL be approved PRIOR to beginning the course.***

**REGISTRATION MUST OCCUR BY THE 3RD WEEK OF THE SEMESTER.**

**The course description proposal *must include at least* the following:**

- Course Title, Number of Credits, Semester
- Faculty Supervisor Name
- Brief narrative description of the learning activity (6-8 lines)
- Learning Goals (5-8 lines)
- Readings (Bibliography): Specific titles, authors, as well as examples of further possibilities, if applicable
- Written (or other forms) products/assignments. Include for each: type, number of pages, assessment, when due
- Academic Contact: Scheduled (or planned) meetings, telephone contact, mailing, etc.
- Evaluation/Assessment: Method of Evaluation must be described: What work will be evaluated? What criteria will be used?

***The instructor's current resume/CV must be on file in the GED Office. The instructor must submit a final written report to the GED Director in order to receive compensation. An I-9 and W-4 form must be on file in the Human Resources Office in order for payment to be issued.***



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**PROPOSAL**

**GED 686 Independent Study # of credits** \_\_\_\_ (1-6)

**GED 687 Directed Readings # of credits** \_\_\_\_ (1-6)

*GED 686/GED 687 offer the matriculated GED student an opportunity for greater in-depth study of a topic already addressed in the curriculum. In order to exercise this option, the student must:*

- 1. Discuss the idea of the course with the Academic Advisor to determine its feasibility and agree upon a prospective instructor.*
- 2. Complete this form and the proposed course description (See Guidelines) with the instructor. Give them to the Academic Advisor along with the usual registration form for "GED 686 Independent Study..." or "GED 687 Directed Readings..."*

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

Student Address \_\_\_\_\_

Student Telephone Home \_\_\_\_\_ Work \_\_\_\_\_

Student Signature \_\_\_\_\_

Course Title \_\_\_\_\_

Semester/Year  Fall \_\_\_\_  Spring \_\_\_\_  Other \_\_\_\_\_ Expected date of completion \_\_\_\_\_

Instructor Name \_\_\_\_\_

Instructor Address \_\_\_\_\_

Instructor Telephone Home \_\_\_\_\_ Work \_\_\_\_\_

Instructor Signature \_\_\_\_\_

*Signatures imply agreement to undertake this course. Attach the detailed Course Description and completed standard course registration form.*

***APPROVED***

Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_

GED Director \_\_\_\_\_ Date \_\_\_\_\_