

**UNIVERSITY OF RHODE ISLAND – SUMMER DIRECTED STUDY**

**INSTRUCTIONS:** Students complete Part I of this form. Then have the supervising instructor and academic department chairperson complete Parts II and III. Submit the completed form (include summer application form if new student) at either the Providence or Kingston office of Enrollment Services.

**NOTE: NO REGISTRATION FOR DIRECTED STUDIES ACCEPTED AFTER THE ADD PERIOD FOR EACH TERM.**

<b>PART I. TO BE COMPLETED BY THE STUDENT (PLEASE PRINT)</b>			
Name	_____		URI ID# _____
Last	First	Initial	
Course	_____		_____
Subject/Catalog#	URI Catalog Title		No. of Units
Course	_____		_____
Subject/Catalog#	URI Catalog Title		No. of Units
Term (Check one)	_____ Summer 1	_____ Summer 2	_____ Summer 3 (10 weeks)

<b>PART II. TO BE COMPLETED BY THE INSTRUCTOR (PLEASE PRINT)</b>			
Full Name (Last, First, MI) _____			
Home Address _____			
(city) _____		(state) _____ (zip) _____	
Phone Number AND Email Address _____			
Your signature indicates your willingness to supervise the course listed above.			
Signature _____		Date _____	
Compensation (Summer Sessions only) for faculty is \$72 per credit up to a maximum of fifteen credits ( <i>provided that the total summer compensation does not exceed 25% of base salary on general revenue fund</i> ).			

<b>PART III. TO BE COMPLETED BY THE DEPARTMENT CHAIRPERSON</b>	
Please check one:	
_____ Compensation to be paid.	
_____ Compensation not to be paid. Direct Studies instruction will be part of normal workload.	
Signature _____	Date _____

**OFFICE USE ONLY**

Date Received \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_