



Nicola Valley Institute of Technology

Registrar's Office
4155 Belshaw St. Merritt, BC V1K 1R1
Phone: (250) 378-3300 or 1-877-682-3300
Fax: (250) 378- 3332 email: info@nvit.bc.ca

Registrar's Office
200-4355 Mathissi Place
Burnaby, BC V5G 4S8
Phone: 604-602-9555 **Fax:** 1-604-602-3400

Application for Directed Study

Directed Study involves the completion of any regular course, as per the approved course outline, through independent/directed study under the supervision of an instructor. Note that courses will not normally be available by Directed Studies when sections are currently scheduled onsite.

**requests for Directed Study when the course is scheduled onsite will only be approved in extenuating circumstances which must be outlined to Instructor and the Dean.*

Directed Study Application Instructions:

For Directed Studies approval to be given, the student must be currently enrolled or accepted as an NVIT student. The student must consult with an Advisor or the Registrar's Office to determine if a Directed Study is the best alternative, as well as, ensure they have met all pre-requisites for the course. This form must be completed including obtaining permission from the chosen Faculty member and Dean. Once approved, the completed form must be forwarded to the Registrar's Office for the student to be registered*.

**Tuition is assessed as per the current NVIT fee policy and is required at the time of registration.*

Directed Studies Application Information

Student Number: _____ **Current Program:** _____

Name: _____
Last First Middle

Course Requested: _____ **Term Requested:** _____
Subject and Number (e.g. BUSM 200) Year/Term (e.g. 06/Spring)

Rationale for Directed Studies (to be completed by the student):

Student Signature: _____ **Date:** _____

Directed Studies Approvals

The student must first discuss their request with an Advisor or the Registrar's Office. Approval from the faculty supervising the Directed Studies course and from the Dean must be obtained. Once signed, forward forms to the Registrar's Office.

Faculty Name Faculty Signature Date

Start Date: _____ End Date: _____ Term: _____

Dean Name Dean Signature Date

Office Use Only

Section No.: _____ Instructor: _____

Section Created/Registration Completed by: _____ Date: _____