Independent Self-Directed Language Course (ML111)
Student Application Form

Name:_________________________________ Date:____________
Email: __________________________________

Faculty Recommender:_____________________________________________
Attach recommendation to this form

Language Courses taken at Colby:
________________________________________________________________
________________________________________________________________
________________________________________________________________

☐ I have fulfilled the college language requirement completion date:_______

Q: What language do you want to study? Are you prepared to work 4-5 hours each week in addition to 2 hours of classtime?

Q: Why do you want to study this language?

Q: What makes you a good candidate for independent study?

I have read and understand the course description on the web:
http://www.colby.edu/lrc/LCTL/index.php

____________________________________
Applicant Signature

This form must be submitted by the end of the all-college course selection period for a course the following semester.