



Texas Lutheran University DIRECTED STUDY PROPOSAL

Note: Open to students of all classifications; minimum 2.0 Cumulative GPA required.

To the Student: Complete Section "A" and Section "D" of this form and secure the necessary signatures prior to registration. This form must be turned in to the Office of Registration and Records when you register. Please type or print clearly.

SECTION A: TO BE COMPLETED BY STUDENT

STUDENT NAME: _____ **TLU ID #** _____

REGISTRATION IN: _____
(Department and 210, 220, 230, 310, 320, or 330)

TERM OF PROPOSED STUDY: Fall 20a__ Spring 20a__ Summer 20a__

Student's Signature

Date

STOP!! You must complete Section "D" (Study Description) before presenting this proposal to your faculty supervisor of study or the college dean for signatures!

SECTION B: TO BE COMPLETED BY FACULTY SUPERVISOR OF STUDY

Method of Grading: **Credit/No-Credit** **Graded (A-F)**
Brief description of expectations and evaluation process (Example: journals, research papers, weekly meetings, etc.):

Faculty Supervisor of Study's Name (please print)

Signature

Date

SECTION C: TO BE COMPLETED BY DEPARTMENT CHAIR

Chair of Department's Name (please print)

Signature

Date

SECTION D: TO BE COMPLETED BY STUDENT

DIRECTED STUDY DESCRIPTION

Please print clearly or type

STUDENT NAME: _____

MAILING ADDRESS FOR TERM OF PROPOSED STUDY:

_____	_____	_____
Street	Apartment No.	E-mail Address
_____	_____	_____
City	State	Zip
_____	_____	_____
		Telephone Number

DEPARTMENT/COURSE NUMBER: _____

COURSE TITLE: _____

TERM OF STUDY: _____

STATEMENT OF PURPOSE OF DIRECTED STUDY (What do you hope to learn; in what areas(s) will you gain expertise and knowledge or improve your skills; etc.):