

Texas Lutheran University
INDEPENDENT STUDY PROPOSAL

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 410, 420, or 430)

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

Student's Signature

Date

STOP!! You must complete Section "D" (Study Description) before presenting this proposal to your faculty supervisor of study for signature!

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

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