



# Texas Lutheran University

## INDEPENDENT STUDY PROPOSAL

**Note:** Open ONLY to Juniors and Seniors; minimum 3.0 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 410, 420, or 430)

**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 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.):**