



COLLEGE OF  
**EDUCATION**

DEVELOPING EFFECTIVE, ETHICAL EDUCATORS WITH A PASSION FOR LEARNING.

**Graduate Studies**  
TCU Box 297900  
Fort Worth, TX 76129  
(817) 257-7661

## DIRECTED STUDY CONTRACT

Name \_\_\_\_\_ ID# \_\_\_\_\_

TCU e-mail \_\_\_\_\_

Instructor \_\_\_\_\_

Semester \_\_\_\_\_

Year \_\_\_\_\_

Course # \_\_\_\_\_

Section \_\_\_\_\_

Hours of Credit \_\_\_\_\_

Course Title: \_\_\_\_\_

Reason for requesting this Directed Study:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In order for this request to be complete the student must provide the following information:  
(incomplete request will not be accepted)**

Course Syllabus \_\_\_\_\_ Assignments and Deadlines \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ Signature of Advisor \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Graduate Studies

\_\_\_\_\_  
Date