



COLLEGE OF
EDUCATION

Office of 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's Signature

Date

Advisor's Signature

Date

Jan Lacina, Ph.D.
Associate Dean of Graduate Studies

Date