



## Directed Study / Independent Study Proposal

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

UMN ID number: \_\_\_\_\_ UMN email address: \_\_\_\_\_

Course Term / Year: \_\_\_\_\_ Course section, if known: \_\_\_\_\_ Credits: \_\_\_\_\_

Course number sought (circle one): OLPD 5095  
 OLPD 8095  
 Other: \_\_\_\_\_ Course completion date: \_\_\_\_\_

### Rationale

\_\_\_\_\_ Using for OLPD MA - Plan B paper course

\_\_\_\_\_ Course substitution\* (List course being substituted): \_\_\_\_\_

*\*If replacing a canceled course, the student will be responsible for all assignments listed on the canceled course's syllabus*

\_\_\_\_\_ Other (complete the three sections below; attach additional page, if necessary)

#### Proposed Area of Study (if selected "other")

#### Description of Proposed Plan (if selected "other")

#### Anticipated Results (if selected "other")

Instructor overseeing this directed/independent study (print name): \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor signature, if not instructor: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit completed form to Coordinator of Graduate Studies:**

**via mail (206 Burton Hall, 178 Pillsbury Drive SE, Minneapolis, MN 55455) or email (olpd@umn.edu)**