



# Martin Luther College Records Office Application for Directed Study

Date: \_\_\_\_\_

Name: \_\_\_\_\_

College Address: \_\_\_\_\_  
telephone number

Home Address: \_\_\_\_\_  
Street City State Zip

Course: \_\_\_\_\_  
Number Name

Instructor: \_\_\_\_\_

Why do you need a directed study for this course?  
\_\_\_\_\_  
\_\_\_\_\_

When do you plan to take directed study? \_\_\_\_\_

If you are a current Martin Luther College student, complete the following.

How many credits will you be carrying, including this directed study? \_\_\_\_\_

What is your GPA? \_\_\_\_\_

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### Required Signatures

*(acquire signatures in this order)*

1. Advisor for current student \_\_\_\_\_
2. Dean for area of study \_\_\_\_\_
3. Course Instructor \_\_\_\_\_
4. Vice President for Academics \_\_\_\_\_