

UNIVERSITY OF DAYTON  
DEPARTMENT OF COMMUNICATION

**Directed Study Approval Form**

This form should be agreed and approved by all respective parties before registering COM 531

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requested Term:** \_\_\_\_\_ **Credit Hours:** \_\_\_\_\_

**Topic of the Directed Study:**

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**Project(s) or outcome(s) to be completed:**

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**Stipulations and criteria for completion and grading of project or outcome:**

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**Agreed to by Student:** \_\_\_\_\_

**Agreed to by Faculty:** \_\_\_\_\_

**Approved by Graduate Director:** \_\_\_\_\_