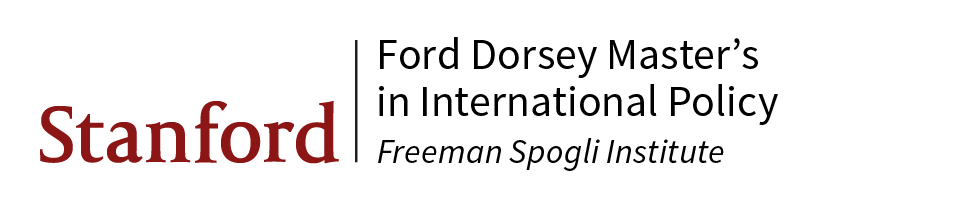
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**INTLPOL 299: DIRECTED READING**

**STUDY PROPOSAL**

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**FIRST AND LAST NAME** **TODAY’S DATE**

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

**AREA OF SPECIALIZATION (for non-MIP students, list major)** **EMAIL**

**DIRECTED READING STUDY PROPOSAL**

Please complete the proposal by listing the topic of the directed reading and general framework (i.e., list the topics of study and the assignments/deliverables). The supervising faculty member and International Policy Faculty Director must approve this proposal prior to enrollment. Once approved, a specific section of INTLPOL 299 will be created for the supervising faculty member so that the student can enroll in the course. Directed reading proposals must be submitted no later than the second Friday of the academic quarter. ***Please allow at least one week for the administrative processing of this proposal.***

**Academic Quarter/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Units: \_\_\_\_\_\_\_\_\_\_\_**

**Title/Topic of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Home Department/Unit of Faculty Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How often will you meet with instructor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION OF DIRECTED READING (include assignements and/or method of evaluation)**

**\*\*\*Attached Word document or similar, if preferable\*\*\***

**OBTAIN SIGNATURE BEFORE SUBMITTING TO MIP (**[**jjachter@stanford.edu**](mailto:jjachter@stanford.edu)**)**

**Faculty Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MIP Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADMINISTRATIVE USE ONLY**

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

Approved? Section Number Date