

Yoga Spirit Academy Directed Study Proposal

Student name _____ Date _____

*Note: if using a workshop as a resource, this form must be submitted
at least 10 days before the start of the workshop*

Course (check one)

- Directed Study in Teaching Technique (see catalog for description)
- Directed Study 1
- Directed Study 2
- Directed Study 3

Title _____

What do you want to study and why do you want to study it?

What resources will you use to complete this project? (show complete information for books, videos, audiotapes and workshops including author, title, date, and location)

What will you produce at the end of this project? (written paper, scripts, video, class outline, etc.)

Student signature _____

_____ *Do not write below this line* _____

Approved by director _____ Date _____

Project adviser _____

Date project completed _____ Certified by Director _____

Total hours _____