

Directed Study Agreement DMin Students

Student Name: _____

Faculty Name: _____

Course Number: _____ 855 **Credit Hours:** _____
(area prefix)

Course Title: _____

Term (add year): Fall _____ Spring _____ January _____ Summer _____

We agree to abide by the requirements noted on the attached syllabus.

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

Approved

Approved with changes
noted on syllabus

Denied

Dean Signature: _____ **Date:** _____

Dir., DMin Program Signature: _____ **Date:** _____

This form must have attached a syllabus which contains the following:

- Course Name and Number
- Professor's Name
- Description of the course
- Course Procedures
- Course Goals and Learning Outcomes (Three explicitly linked to program goals)
- Required texts and readings
- Recommended texts and readings
- Assessments/Assignments (include the percentage of the grade each will count and dates due)
- Grading (letter grade equals what numbers)
- Other policies (Late assignments, Is Turabian or other style required?)
- Meeting schedule (number and length of meetings)