Directed Study Agreement
DMin Students

Student Name: _____

Faculty Name: _____

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

Course Title: _____

Month(s): _____ **Year:** _____

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
- Required texts and readings
- Recommended texts and readings
- Assessments/Assignments (include the percentage of the grade each will count and dates due)
- Other policies (Late assignments, Is Turabian or other style required?
- Meeting schedule (number and length of meetings)