Directed Study Agreement  
DMin Students

Student Name: ____________________________________________

Faculty Name: ____________________________________________

Course Number: ____855  
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)