

**Due Date for Submission of Form:** (1) One semester *before* term during which DS is requested and (2) no later than one week after the last day of freshman advising/pre-registration as published in the catalog.

## Request for Directed Study Course

Date \_\_\_\_\_

Name \_\_\_\_\_

Student ID # \_\_\_\_\_

Your Degree Program \_\_\_\_\_  
(Theology, Christian Counseling, etc.)

Course You are Requesting for Directed Study \_\_\_\_\_  
(Include Catalog Number and Title)

Semester of Course \_\_\_\_\_

Reason for Request:

Required Signatures and Dates:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Professor Who Will Teach Directed Study Course

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of Faculty

\_\_\_\_\_  
Date