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 ____________________________________________
   (Ministry Studies, Christian Counseling, etc.)

Course You are Requesting for Directed Study________________________
   (Include Catalog Number and Title)

Semester to execute directed study_________________________

Reason for Request:

Required Signatures and Dates:

________________________________________
Student                                     Date

________________________________________
Professor Who Will Teach Directed Study Course   Date

________________________________________
Division Chair                              Date

________________________________________
Academic Dean                               Date