

INDEPENDENT STUDY REQUEST FORM

Dallas Theological Seminary

Registrar's Office

Please read the section on Independent Study Courses in the current *Student Handbook* (§ 1.3.2) before completing this Request Form.

Name: _____ ID# _____ File# _____

Degree _____ Program Emphasis/Concentration _____

Course # _____ Department _____

(see DTS Catalog for course #)

Supervising Professor _____ Hours (from 1–4 hrs) _____

Session of Registration for the Independent Study:

Fall 20 _____ Winter 20 _____ Spring 20 _____ Summer 20 _____

Completion Time (circle one): One Semester Two Semesters

Note: Any extension beyond the original completion date of this Independent Study will require approval from the Credits Committee. Applications are available on Campus Net.

Professor must state **IN FIVE WORDS OR LESS** the topic of study (for transcript):

NOTE: If this is a required course for your degree program, a petition to the Credits Committee must accompany this form.

Please complete the Independent Study Learning Contract on the other side.

Please return form to the Registrar's Office for registration.

INDEPENDENT STUDY LEARNING CONTRACT

Learning Objectives: What information and/or skill will you learn in this study?

Learning Resources and Strategies: What resources will you use to learn this information and/or skill?

Evidence of Accomplishment of Objectives: How will you know that you have learned this information and/or skill (i.e., required assignments)?

Criteria and Means for Validating Evidence: How will you demonstrate that you have learned this information and/or skill (i.e., assessment by person[s] external to you)?

Meeting Expectations: When and why will you meet with your supervising professor?

Signature of Student: _____ Date: _____

Signature of Supervising Professor: _____ Date: _____

Signature of Department Chair: _____ Date: _____