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?

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________________________________________________________________________

________________________________________________________________________

Signature of Student: ____________________________________ Date: __________

Signature of Supervising Professor: __________________________ Date: __________

Signature of Department Chair: ____________________________ Date: __________