

**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 (check 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 submit the Independent Study Learning Contract with this form.**

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?

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

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

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*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)?

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*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: \_\_\_\_\_