



**COMPLETION OF THIS FORM IS REQUIRED FOR ANY STUDENT REGISTERING FOR DIRECTED STUDY**

A Directed Study is a coherent, well-defined, and substantive reading and research project supervised by a faculty member, usually resulting in a major written document. It offers the student an opportunity to explore in detail a carefully defined area of special concern, as well as a chance to work under the close supervision of a faculty member.

**STUDENT SECTION – TO BE COMPLETED BY STUDENT**

**Student Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Course Level:** \_\_\_ Master’s \_\_\_ Doctoral **Field (HB, SF, etc.):** \_\_\_\_\_

**Number of Credits:**

\_\_\_1 Requires 1 hour of “in class” time (or its equivalent) and 2 hours of outside “homework” per week

\_\_\_2 Requires 2 hours of “in class” time (or its equivalent) and 4 hours of outside “homework” per week

\_\_\_3 Requires 3 hours of “in class” time (or its equivalent) and 6 hours of outside “homework” per week

\_\_\_4 Requires 4 hours of “in class” time (or its equivalent) and 8 hours of outside “homework” per week

**Title of the Directed Study (as you want it to appear on your transcript):**

\_\_\_\_\_

**Directed Study Description**

This should be a paragraph “course” description that will articulate more fully what you intend to research.

**INSTRUCTOR SECTION – TO BE COMPLETED BY INSTRUCTOR**

**Student Learning Outcomes (SLOs)**

List 3 to 5 things that the student will be able to do or know as a result of completing this Directed Study:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Assignments**

Indicate below the types of assignments (annotated bibliographies, reading reflection papers, sermons, curricula, major research paper, etc.), which SLO number it addresses and the date the assignment is due.

| SLO# | Assignment | Due Date |
|------|------------|----------|
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**Texts Assigned**

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**Meetings with Student**

Indicate below the number and duration of face-to-face meetings you will have with the student.

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**Instructor Name:** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return completed form to the Office of the Registrar