SPECIAL STUDIES ELECTIVE REGISTRATION FORM

This form is supplements the Registration Form, which may be turned in prior to or with this registration form; the Special Studies form must be signed by all parties and in the registrar’s office by the end of the first week of Fall & Spring Terms, or by the end of the day Tuesday of the first week of Winter & Summer Terms.

Name ________________________________________ ____________________________

Last First Middle

Student ID# ___________________ Academic Year ________________

Term: ( ) Fall ( ) Spring ( ) Summer

A. Category and Title

Enter brief title for Special Studies Project (35 spaces MAX): ____________________________________________

Enter amount of credit(s) to be earned: __________ Circle Grading Option: Letter Grade OR Pass/No Credit

(DMIN Students must elect Letter Grade)

Instructor ________________________________________ ____________________________________________

Degree requirement, if any, this Special Study is expected to fulfill? ______________________________

Check Category Code: Check Type of Project:

( ) Christian Heritage ( ) Research Project

( ) Churches’ Leadership ( ) Independent Study

( ) Contextual Studies ( ) Directed Study

( ) Ethics and Leadership

( ) Theological/Religious Interpretation

B. Using the spaces below and on the reverse side, develop a prospectus for the project. Be as thorough and specific as you can without using additional pages.

(1) Description of the topic to be explored:

(2) Statement of learning goals:
(3) Description of oral and written work designed to accomplish learning goals:

   a. Number and purpose of faculty consultations:

   b. Method and design of research study:

   c. Length and purpose of oral-written projects:

   d. Reading list (including number of pages):

The completion date for a special study is normally the final day of the term of registration. If the instructor and student agree that more time is necessary, please complete this box.

**Alternate Due Date:**  
Proposed adjusted due-date for this project is:

______________________________________________________________

______________________________________________________________

Signature of Student  Date

______________________________________________________________

Signature of Instructor  Date

______________________________________________________________

Signature of Associate Dean/Doctor of Ministry Program Office  Date

RETURN THIS FORM TO THE REGISTRAR'S OFFICE