



INDICATE THE TERM AND YEAR:	
___ Fall	___ Year
___ Winter	___ Year
___ Spring	___ Year
___ Summer	___ Year
Rev 06/07	

DIRECTED STUDY CONTRACT

This agreement is for a directed study of an elective course listed in the *Catalog*. Students are allowed to register for only one directed or independent study for every 30 hours of course work completed. Required courses may not be taken as directed studies. Please PRINT legibly while fully completing each of the five sections below and including all appropriate signatures.

Name of Student

Name of Supervising Professor

1. Make your selection of a subject category from the pertinent department, and list the course code and number from the *Catalog*.

Bible Department: __BI __OT __NT __HB __GK Course Code & Number _____

Theology Department: __ST __HT __CH __ET __MS __LT Course Code & Number _____

Ministry Department: __WP __PM __CE __CO __CM Course Code & Number _____

2. Date Due (*no later than one week before grade is due to Registrar*): _____

3. Credit Hours (*per the Catalog*): _____

4. Grade Selection: _____ Letter Grade _____ Pass/Fail

5. List the Chief Requirements of the course such as papers, projects, etc., and attach them or a copy of the syllabus for the course to the *Directed Study Contract*.

I am aware that this form constitutes a tentative agreement between the student and the professor and is subject to the Dean's approval. I have successfully completed at least one course in this discipline. I understand that no more than 10% of my total semester hours may be in research courses and/or directed studies. I have already completed the following research courses and/or directed studies for a total of _____ semester hours of credit:

Student's Signature _____ Date _____

Supervising Professor's Signature _____ Date _____

Dean's Signature _____ Date _____

Please return the original *Directed Study Contract*, along with the *Official Registration Form*, to the Office of the Registrar while retaining a copy for your records.

Registrar's Signature of Receipt _____ Date _____

**Office of the Registrar • Erskine Theological Seminary • P.O. Box 668 Due West, SC 29639
864.379.8779 • Toll Free 877.811.8117 • Fax 864.379.3171 • registrar@erskine.edu**