



_____ Chicago Campus

_____ Michigan Campus

DIRECTED STUDY APPROVAL FORM: Moody Theological Seminary

To the student: Please complete the first part of this form and submit to the MTS&GS Office Administrator, who will process the form through the necessary faculty and MBI offices. You will receive a copy of the form if final approval is granted. All charges for this course will be added to your school bill. For questions please call 312-329-8035 or fax completed forms to 312-329-4344.

To be completed by the student:

Name: _____ Student ID #: _____ Date ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

Daytime phone: _____ Email: _____

Graduate Degree Program _____

Number of previous Directed Study course(s) taken? _____

Directed Study course requested: (Course number & title) _____

Course Type: Required Elective Preferred Start Date: _____

To be completed by the faculty member:

Course # ___ 9990 Course Subtitle: _____ # Credits _____

Semester/Year: Fall ___ Spring ___ Summer ___ Date Due - 26 wks from day of registration

Brief description of study plan: (Please see MBI Directed Study Guidelines for detailed information)

Text(s): _____

Assigned reading: _____

Paper/project/study: _____

Ministry assignment: _____

Instructor's Name (please print) _____

Instructor's Signature _____ Date ___/___/___

To be completed by the MGS Program Head: I hereby authorize approval for the directed study requested above.

Program Head Signature _____ Date: ___/___/___

To be completed by the Dean (or Designee):

Academic Dean or Designee _____ Day of Registration ___/___/___