You are required to submit this request at least two months prior to the term. It is due by the first Tuesday of the month.

**Directed Study Request**

Name:

Laurier ID:

Email:

Program:

Please note the following from the PhD handbook:

For each of these elective courses (three counselling and one theology) specify the projected title, professor, time frame, description, specific learning objectives, and method of evaluation. Professors for these courses must have the proper credentials to be approved to direct the desired study. If it is a Directed Study, please specify possible title, professor, time frame, description, and specific learning objectives. Petition forms for reading and research courses are available on the Luther website under Forms. The student will petition the Academic Advisory Committee at Luther to take a Directed Reading course well in advance of the term (at least one term) within which they plan to take the course. It is very important that the courses be chosen or shaped by your research interest in order to provide the challenging perspectives, theoretical knowledge, and skills needed to carry out your doctoral research. Avoid the temptation to choose elective courses that are too divergent from your research interest or, for that matter, too similar to material previously learned. Elective courses are intended to equip you to carry out your research interest and expand your knowledge in your chosen research area.

Number of directed study courses approved prior to submitting this request:

I am requesting this course for the following term:

* Fall
* Winter
* Spring

**Directed Study Components:**

Attach the following

* Directed study goal and outcomes in relationship to the student’s program
* Required reading
* Evaluation criteria including assignments, weight and due dates
* Meeting schedule

**Additional comments:**

Course title:

Requested instructor:

Requested instructor's e-mail address:

* I have confirmed the instructor’s willingness to teach this directed study.
* I understand that, upon approval by the AAC, I will automatically be registered for this course and take responsibility for applicable fees.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PhD Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_