Ashland Theological Seminary • Doctor of Ministry Program
CONTRACTED STUDY AGREEMENT
(Complete with the professor/advisor of your contracted study)

(Copy this form for use)

Student: _______________________________  Email: __________________@ashland.edu

Professor/Advisor: __________________________  Email: __________________@ashland.edu

Name of the Contracted Study: (The contracted study needs a name to be entered into the student’s record.)

__________________________________________________________________________________

Type the following items on an attached document, single-spaced, 12 pt. type:

Purpose: (The purpose of the course should reflect how the contracted study relates to the student’s track and informs the research proposal topic.)

Objectives: (Objectives express the purpose of the study in specific goals.)

Reading Requirements: (Reading is to be appropriate to the purpose of the contracted study and should total at least 1,500 pages.)

Assignments: (These may include seminar attendance, term papers, reading reports, daily journals, conducting interviews or group session, reflection papers, or any other assignments the professor and student negotiate as appropriate to the contracted study purpose and objectives. The total time for required reading, seminars, writing, or other activities should total at least 150 hours. For a review of literature, see the instructions for specific required assignments.)

Communication Agreement: (The student must contact the professor/advisor at least once every two weeks during the contracted study time period. You are encouraged to do this by e-mail exchange. Other options include office appointments, phone appointments, or other means deemed appropriate.)

Contracted Study Time Period: (The course must begin and end within three-months.)

Beginning Date: ___________  Completion Date: ___________

The undersigned professor/advisor and student agree on these requirements for this study:

Professor/Advisor: _______________________________  Date: __________________

Student: _______________________________  Date: __________________

Approval by Associate Dean of the D.Min. Program: _______________________________  Date: __________________

A copy of this agreement MUST be recorded in the Doctor of Ministry office  11.21.2014