

REQUEST FOR DOCTOR OF MINISTRY CONTRACTED STUDY

CONTRACTED STUDY - designed to allow DMin students to pursue a course offering listed in the catalog or one of three projects listed for contracted studies without requiring attendance in regular class sessions. MUST BE SUPERVISED BY AN APPROVED INSTRUCTOR.

CORE COURSES MAY BE DONE BY CONTRACTED STUDY ONLY IN EXTREME CIRCUMSTANCES, IN WHICH CASE PERMISSION MUST FIRST BE OBTAINED FROM THE DIRECTOR OF ADVANCED DEGREE PROGRAMS.

ALL ITEMS MUST BE ATTACHED TO THE PROPOSAL OR IT WILL BE RETURNED TO THE STUDENT

Name: _____ ID # _____ Date: _____

Address: _____

Degree/Concentration: _____ Semester Requested: _____

1. **Consult** with desired supervisor and obtain the professor’s agreement to supervise this Contracted Study.
 Course: _____
 Professor’s signature: _____
2. **Provide** a written explanation of why this course is desired by Contracted Study. Attach separate sheet.
3. **Obtain** a copy of the syllabus from the professor and attach it to this form. Preferably a syllabus specifically created for the Contracted Study should be developed. This syllabus must follow the DMin syllabus template and include the specifics of the Contracted Study. **(Professor may NOT request that a syllabus copy be pulled from the files.)**
4. **Communication Agreement:** The student must contact the professor at least once every two weeks during the Contracted Study time period. Students are encouraged to do so by email; other options include office appointments, phone calls or other means deemed appropriate.
 Student signature: _____
5. **The Contracted Study fee is \$120 per credit hour; this is in addition to tuition charges.**
6. **Submit** proposal and all items requested to the Director of Advanced Degree Programs and the Academic Dean for signed approval. Electronic signatures are acceptable. Once required signatures are obtained, please submit all documents to the ATS registrar’s office (fax 419-289-5650; email ATS-registrar@ashland.edu; mail, or in person).
7. **APPROVAL** is required *before* a Contracted Study may be registered for or coursework started. **The student must gain all necessary approvals before end of the add/drop period for the desired quarter of registration.**

ACTIONS:

_____ Approved as Proposed

_____ Approved with modifications as follows:

_____ Not approved; reason(s) follows:

Director of Advanced Degree Programs Date

Academic Dean Date

Course number assigned: _____

An email notification will be sent to verify registration with a copy of the approved request.

FEE PAID: _____