



Office of the Registrar  
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 PHONE 202-885-8650  
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**DIRECTED STUDY APPLICATION**

**Instructions:** Attach copies of the following materials to this request and **submit completed application to the Dean's Office** during the registration period:

- Plan/Outline of Study
- Bibliography
- Requirements as established by supervising professor

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Degree Program \_\_\_\_\_ Hours Completed \_\_\_\_\_ Campus Box \_\_\_\_\_

Wesley ID \_\_\_\_\_ Email \_\_\_\_\_

Hours Requested for this Directed Study:

- 1 credit – no less than 3 meetings with professor required
- 2 credit – no less than 5 meetings with professor required

I wish to register for this Directed Study using the Pass/Fail grading method.

Title of Directed Study \_\_\_\_\_

Academic Area of Proposed Study \_\_\_\_\_  
(must be one of the two-letter codes used at Wesley)

Supervising Professor \_\_\_\_\_ Estimated Weekly Hours of Research (AT LEAST 45 hours required *per credit per semester*) \_\_\_\_\_

Starting Date \_\_\_\_\_ Completion Date \_\_\_\_\_

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

Supervising Professor Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION FOR DEAN'S OFFICE ONLY**

- \_\_\_\_\_ Approved without change
- \_\_\_\_\_ Approved with modifications:
- \_\_\_\_\_ Denied due to:

Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

COPY COMPLETED FORM TO:

Professor  Registrar  Student