

**Doctor of Ministry Program
SPECIAL READING COURSE**

(form for individual instruction)

Upon approval by the APS Office, register for this class through the APS Office as an SRC-9999 (doctoral level). Remember to enter the correct number of units. Submit this form to the APS Office, before the end of *Late Registration*. If a copy is not submitted by this deadline, a *Change of Enrollment* form will also be required, and the regular Change of Enrollment fee of \$50 will be assessed.

Student's name: _____ Degree / Program: _____

Academic Term (e.g. IN19): _____ ID: _____

Course Title: _____

*You **MUST** limit title to 29 characters or less, including punctuation & spaces.*

Faculty Name: _____ Faculty School: _____

Units (Check): ___ 3.0 Other: _____ Grade Request (Check): ___ Pass/Fail

Method for Evaluation (Check all applicable):

___ Written/Oral Reports ___ Paper/Examination Other _____

Objectives (*Be concise*)

Outline or Bibliography (*Be concise*)

Signature of Student: _____ Date: _____

Signature of Faculty: _____ Date: _____

Signature of APS Director: _____ Date: _____

FOR OFFICE USE ONLY - Course number & section (assigned by Registrar): _____