

LINCOLN UNIVERSITY

LEARNING AGREEMENT FOR SPECIAL STUDIES

NAME: _____
Last / Family Name First / Given Middle

STUDENT ID: _____ SEMESTER: _____
Fall / Spring / Summer, Year

DEGREE: _____ CONCENTRATION: _____
DBA/MS/MBA/BA/BS

COURSE REQUESTED: _____ INSTRUCTOR: _____

In what academic area is this course work? _____
General Edu. / Core Course / Advanced Topics / Concentration / Elective

How many units are you taking in this semester? _____ units

State your reason for requesting a special studies course:

I received the syllabus for the above intended course.

STUDENT'S SIGNATURE: _____ DATE: _____

Instructor has to fill this part:

Course Objective(s): _____

Form of Instruction: _____

Schedule of Meetings: _____

Evaluation of Course Completion: _____

INSTRUCTOR'S SIGNATURE: _____ DATE: _____

THE UNIVERSITY USE ONLY

Approved: Provost / President _____ DATE: _____