

# 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/AS

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:

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Briefly describe your expected work in this special studies course, including:

Course Objective(s): \_\_\_\_\_

Form of Instruction: \_\_\_\_\_

Schedule of Meetings: \_\_\_\_\_

Evaluation of Course Completion: \_\_\_\_\_

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I received the syllabus for the above intended course.

STUDENT'S SIGNATURE/PRINT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

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### THE UNIVERSITY USE ONLY

Approved: Course Instructor \_\_\_\_\_ DATE: \_\_\_\_\_

Comments / Remarks: \_\_\_\_\_

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Approved: Director of Special Studies / Chief Academic Officer \_\_\_\_\_ DATE: \_\_\_\_\_