

SAINT MARY SEMINARY

CLEVELAND, OHIO

INDEPENDENT STUDY REGISTRATION FORM TERM: _____

Name: _____

Year of Theology _____ Department _____ 400 Credits _____

Name of Faculty Sponsor: _____

Title of Project:

Purpose and Objectives:

Description of Study Project:

Number of Sessions with Sponsor _____
Assignments to be completed:

Signature of Student: _____

Signature of Faculty Sponsor: _____

Signature of Academic Dean: _____