



SAINT MARY SEMINARY AND GRADUATE SCHOOL OF THEOLOGY

INDEPENDENT STUDY REGISTRATION FORM

Semester/Term: (Check) ___ Fall ___ Spring ___ Summer Year: 20 _____

Name: _____

Year of Theology or Degree Program: _____

Department: _____-400 Credits: _____

Instructor: _____

Title of Project: _____

Please attach a sheet with the following information that the student and instructor have agreed upon:

Purpose and Objectives

Description of Study Project

Number of sessions with Instructor

Assignments to be completed

Signature of Student: _____

Date: _____

Signature of Instructor: _____

Date: _____

Signature of Academic Dean: _____

Date: _____