



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: \_\_\_\_\_