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: ___________