INDEPENDENT STUDY REGISTRATION FORM

This form must be submitted along with your course registration form during the usual mid-semester registration time.

Student Name: ________________________________ Semester: ______________

Date: ______________________________________ Grade: ________________

Previous independent study projects (give title, professor, and semester dates):
1. ________________________________________________________________

2. ________________________________________________________________

<table>
<thead>
<tr>
<th>Conditions for an Independent Study project:</th>
<th>Conditions for an Independent Study project:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. A student may not work on two independent study projects during the same semester.</td>
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</tbody>
</table>

Title of present independent study project: ____________________________________________

Credit hours: ___________ Degree program: __________________________

Subject area: __________________________________________________________

Professor: _____________________________________________________________

Semester: ______________________________

Terms of the study contract:
1. Number of meetings: ____________________________

2. Method of meetings: ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other: _________________

3. The object to be attained: ____________________________________________

(over)
4. Data to be researched: ______________________________________________________

                                                                 ______________________________________________________________________
                                                                 ______________________________________________________________________
                                                                 ______________________________________________________________________

5. Amount of readings (or other research) per week (bibliography may be attached to this form):

                                                                 ______________________________________________________________________
                                                                 ______________________________________________________________________
                                                                 ______________________________________________________________________
                                                                 ______________________________________________________________________
                                                                 ______________________________________________________________________
                                                                 ______________________________________________________________________

6. Theoretical research project: ______________________________________________

7. Pastoral research project: ________________________________________________

8. Examinations (type and frequency) or other evaluation: ____________________________

9. Other terms: __________________________________________________________________

                                                                 ______________________________________________________________________
                                                                 ______________________________________________________________________
                                                                 ______________________________________________________________________

Due Date: ______________________________________________________________________

Student Signature: ____________________________ Date: __________

Professor’s Signature: ____________________________ Date: __________

Dean’s approval of project: ____________________________ Date: __________

Dean’s approval of stipend: ____________________________ Date: __________

cc: Professor
    Academic Dean
    Director of Business Affairs

Independent Study Registration Form 040118