



Saint Michael's College

APPLICATION FORM FOR INDEPENDENT STUDY

Graduate Theology and Pastoral Ministry

DATE: _____

NAME: _____ ID#: _____

SUBJECT AREA AND TITLE OF PROJECT: _____

CREDITS: _____ DIRECTOR: _____

DESCRIPTION:

(Please supply an appendix for this part, with a description and a tentative bibliography)

REQUIREMENTS:

EXPECTED DATE OF COMPLETION: _____

_____/_____
Signature of Student Date

APPROVAL

Instructor of Record: _____ Date: _____

Director: _____ Date: _____