



OBLATE

SCHOOL OF THEOLOGY

OFFICE OF THE REGISTRAR INDEPENDENT STUDY COURSE FORM

Completed and approved form should be taken to the Registrar's Office for processing. This form must be returned to the Registrar's Office no later than the end of the first week of the selected semester.

Term: Fall 20____ Winter 20____ Spring 20____ Summer 20____

Area of Study: PL____ PS____ RS____ SS____ TS____ Other____ (please specify)_____

Student's Name: _____

Instructor's Name: _____

Number of Credit Hours (please check one) **1** **2** **3**

Description of topic to be studied

Description of work to be required of the student and the basis upon which credit and a grade will be assigned

Student (signature) _____ Date _____

Instructor (signature) _____ Date _____

Academic Advisor (signature) _____ Date _____

Director (signature) _____ Date _____

Dean's Office (signature) _____ Date _____