



Independent Study Petition

MASTER OF ARTS and MASTERS OF DIVINITY

Student's Name _____ Student ID: _____ Term _____

Degree Program _____ Course Number: _____ 491
(Registrar will assign)

Proposed Topic:

Bibliography and/or study plan:

Proposed means of evaluation:

Signature of Student: _____ Date: _____

Instructor's Approval: _____ Date: _____

Advisor's Approval: _____ Date: _____

Approval by MA/M.Div. Program

Director: _____ Date: _____

Comments:

Copies to: _____ by _____ date _____