

Lutheran School of Theology at Chicago

Independent Study Petition (Special Student) (see back of form for instructions)

Student's Name _____ Student ID: _____ Term _____

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

Proposed Topic (give exact title): _____

Bibliography and/or study plan: _____

Proposed means of evaluation: _____

Signature of Student: _____ Date: _____

Instructor's Approval: _____ Date: _____

Advisor's Approval: _____ Date: _____

Approval by Admissions Advisor: _____ Date: _____

Signed: _____ Date: _____

Comments: _____

Copies to: _____ by _____ date _____

Grade _____ Date _____ Instructor _____

1100 East 55th Street * Chicago, IL 60615-5199 * 773-256-0700