DMIN Independent Study Form

To submit electronically: Type in or select the shaded areas below, then email the completed form and attachments to tahmeka.thompson@spst.edu, the instructor for the course, and your academic advisor. To submit a hard copy: fill in all information and attach necessary documents, submit to the Registrar’s Office at 4370 West 109th Street Ste 300, Overland Park, KS 66211. See page 135 of the Community Handbook and Catalog for more information on independent studies. If you have any questions call (913) 253-5056.

YOUR INFORMATION:

Full Name

Track (if applicable)

Has your contact information recently changed?    □ YES  □ NO  If yes, fill in the information below

Address

City, State

Zip

Cell  Home  Work  Other

Phone

COURSE INFORMATION:

All fields are required

1. Select one area the independent study will focus on:

   □ 530 Church Leadership  □ 536 Engaging World Religions  □ 542 Pastoral Care
   □ 531 Church and Society  □ 537 Hebrew Bible Studies  □ 543 Preaching
   □ 532 Religious Education  □ 538 Historical Studies  □ 544 Theological Studies
   □ 533 Denominational Studies  □ 539 Health and Welfare  □ 545 Worship
   □ 534 Ethics  □ 540 Immersion
   □ 535 Evangelism  □ 541 New Testament

2. Fill in the following information

   Title of the Course: __________________________
   Instructor: ______________________
   Contact Information
   list only if instructor is not a faculty member
   Phone number: __________________________
   Email address: __________________________
   Mailing address: __________________________
   Number of Credit Hours: □ 1 □ 2 □ 3
   Year & Term: _______  □ Fall  □ Winter  □ Spring  □ Summer

3. Answer the following about the course
   a. Describe the scope and content of the proposed independent study

   b. List specific means of accountability such as papers, reports, projects, and reading

   c. List proposed dates for consultation between student and instructor

4. Attach course syllabi and bibliography

For Office Use Only

Academic Dean’s Approval: __________________________ Date: _______

Date Registered: __________________________ Initials: __________