

DMIN Independent Study Form

To submit electronically: Type in or select the shaded areas below, then email the completed form and attachments to michelle.hatcher@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 13720 Roe Avenue, Bldg. C., KS 66224. See page 135 of the Community Handbook and Catalog for more information on independent studies. If you have any questions call (913)253-5050.

YOUR INFORMATION:

Full Name _____

Degree: MDIV MACM MA(TS) NONDEG

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:

- | | | |
|---|---|--|
| <input type="checkbox"/> 530 Church Leadership | <input type="checkbox"/> 536 Engaging World Religions | <input type="checkbox"/> 542 Pastoral Care |
| <input type="checkbox"/> 531 Church and Society | <input type="checkbox"/> 537 Hebrew Bible Studies | <input type="checkbox"/> 543 Preaching |
| <input type="checkbox"/> 532 Religious Education | <input type="checkbox"/> 538 Historical Studies | <input type="checkbox"/> 544 Theological Studies |
| <input type="checkbox"/> 533 Denominational Studies | <input type="checkbox"/> 539 Health and Welfare | <input type="checkbox"/> 545 Worship |
| <input type="checkbox"/> 534 Ethics | <input type="checkbox"/> 540 Immersion | |
| <input type="checkbox"/> 535 Evangelism | <input type="checkbox"/> 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: _____