

Masters 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 109 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"/> 230 Church Leadership | <input type="checkbox"/> 236 Engaging World Religions | <input type="checkbox"/> 242 Pastoral Care |
| <input type="checkbox"/> 231 Church and Society | <input type="checkbox"/> 237 Hebrew Bible Studies | <input type="checkbox"/> 243 Preaching |
| <input type="checkbox"/> 232 Religious Education | <input type="checkbox"/> 238 Historical Studies | <input type="checkbox"/> 244 Theological Studies |
| <input type="checkbox"/> 233 Denominational Studies | <input type="checkbox"/> 239 Health and Welfare | <input type="checkbox"/> 245 Worship |
| <input type="checkbox"/> 234 Ethics | <input type="checkbox"/> 240 Immersion | |
| <input type="checkbox"/> 235 Evangelism | <input type="checkbox"/> 241 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: _____