

DIRECTED INDEPENDENT STUDY FORM

Name _____

Social Security # (last 4 digits) _____

Program (circle) College PreTheology Theology

Academic Year _____ Semester _____

Class (circle) Fr/1 So/2 Jr/3 Sr/4

Course # _____ Title _____

Credit Hours _____

Student Signature

Date

Signature of Professor Directing the Study

Date

Signature of Chairperson of the Department Offering the DIS

Date

Academic Dean Signature

Date

Description of Aims and Objectives and Syllabus: (Give general details of work to be done, e.g., books to read, papers to be written and reports to be given. If necessary, attach additional sheets.)

This completed form is to be submitted by the student to the Registrar's Office before or within three days into the semester during which the credit is to be earned.