

**INSTITUTE OF PASTORAL STUDIES
LOYOLA UNIVERSITY CHICAGO
SPIRITUAL DIRECTION - FORMATION**

[IPS 527]

Name: _____

Date: _____

E-mail address: _____

Semester: _____

Check one:

M.A. Spirituality Degree, Track I _____ Certificate _____

Name of Spiritual Director: _____

We the undersigned agree to meet a minimum of 6 times during the semester, fulfilling the Spiritual Direction requirement for students in the M.A. in Spirituality Track I or the Certificate Program in Spiritual Direction

Signature of Student

Signature of Spiritual Director

Please return this form to Susann Ozuk in the IPS Office at the beginning of each semester. The form will be kept into your confidential student file.