

**INSTITUTE OF PASTORAL STUDIES
GUIDED STUDIES CONTRACT**

Name: _____ SS or ID# _____

Address: _____

Phone #: _____ E-Mail: _____

Semester and year for which you are registering: _____, 2____

Number of credits you wish to register for: ___1 ___2 ___3

Title of work to be done: _____

Faculty Sponsor: _____

IPS degree candidates may earn up to six (6) hours of Guided Study credit.

Students may contact the IPS office for suggestions about their faculty sponsors, or may arrange their study directly with the faculty member of their choice.

A proposal which outlines the intended study should be submitted with this form to the IPS office. When the study is completed, the faculty member will submit a grade.

Return this form to the IPS office with student and faculty signatures **before** registration. The registration procedure for Guided Studies is the same as that for a scheduled course.

student signature date faculty signature date

Return this form to: IPS
 Lewis Towers, 1240
 820 N. Michigan Avenue
 Chicago, IL 60611
 (312)915-7410
or fax it to:

for office use only:

Student registered through LOCUS: _____ (date)

Grade received from Instructor: _____ (grade) _____ (date)