



INSTITUTE *of* PASTORAL STUDIES

SEMESTER CONFORMATION OF SPIRITUAL DIRECTION

Name: _____

Date: _____

Email address: _____

Semester: _____

We the undersigned agree to meet a minimum of 6 times during the semester, fulfilling the Spiritual Direction requirement for students in the:

Check one:

M.A. Christian Spirituality: Spiritual Direction Concentration

Graduate Certificate: Spiritual Direction

Name of Spiritual Director: _____

Signature of Student

Signature of Spiritual Director

Please return this form to your academic advisor and the IPS Student Services Coordinator (IPSstudentservices@luc.edu). You can also deliver this form to the IPS office or mail it to us:

Coordinator of Student Services
Institute of Pastoral Studies
820 N. Michigan Ave. #630
Chicago, IL 60611

Last Updated:
03/15/2024