

**LOYOLA UNIVERSITY
INSTITUTE OF PASTORAL STUDIES
INTEGRATION PROJECT REGISTRATION FORM**

Name: _____ Date: _____ Degree: _____

ID # _____ e-mail address: _____

I plan to graduate in the _____ Fall _____ Spring _____ Summer _____ of 20____
(check one)

NOTE: The approval of your faculty reader, academic advisor, and the IPS Dean or Associate Dean are required *before* you can register for IPS 593, Integration Project. An approved copy of the proposal must also be attached with this form.

Project Title/Subject: _____

Name of Faculty Reader: _____

An IPS Faculty Member has agreed to read the paper and, certifying this, has signed. (electronic signature is accepted). Ordinarily, full-time faculty members of the IPS are readers. In certain circumstances and for a compelling reason, an IPS adjunct faculty member may be a reader.

Faculty Reader's signature _____ Date _____

Academic Advisor's Signature _____ Date _____

IPS Dean's or Associate Dean's signature _____ Date _____

For office use only:
Project successfully completed: _____
Faculty Reader's signature

Date: _____ Submitted to Registration and Records by: _____