

**INSTITUTE OF PASTORAL STUDIES
GUIDED STUDIES CONTRACT**

Name: _____ ID# _____

Address: _____

Phone #: _____ E-Mail: _____

Semester and year for which you are registering: _____, 200_____

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, 630
820 N. Michigan Avenue
Chicago, IL 60611
or fax it to: (312)915-7410

for office use only:

499 section #: _____

Course created by Reg/Rec: _____

Student registered through LOCUS: _____ (date)

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