READING COURSE REQUEST
(Complete in Duplicate)

Name __________________________________   Date _____________________

Degree   _____ MAR   Year   _____ 1st   Status   _____ Part-time
         _____ MDiv   _____ 2nd   _____ Full-time
         _____ STM   _____ 3rd
         _____ Other

SID #: _______________________________________

Topic __________________________________________________________________________

Instructor __________________________________________  Semester _________________

Area in which course is to be credited   ___________   Number of hours _____________

Indicate how often you plan to meet with the instructor __________________________________

Indicate whether you will take an examination on the material, write a series of short papers, write a long paper, etc.: _____________________________________________

Instructor’s signature _______________________________________________________________

Please briefly describe the study you intend to pursue and give a tentative bibliography. Use the space below or an attached sheet.

Special request:
Approved: __________ Date: __________
Notified: Student _____ Registrar _____