

READING COURSE REQUEST
(Complete in Duplicate)

Name _____ Date _____

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