Yale Divinity School
READING COURSE REQUEST

Name ______________________________   Date _____________________

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

SID #: ______________________________

Title ____________________________________________________________________________

Instructor ____________________________  Semester ____________________________

Area in which course is to be credited ________  Number of credit 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 _____