COLUMBIA THEOLOGICAL SEMINARY
Contract for Independent Study

The independent study is complete only when it is accompanied by a registration form.

Student's Name_____Degree Program_____

Address:_____

_____

Due date for completion of study_____

I wish to register for_____ _____
Course No. Title

for_____units/credits_____semester 20_____with Professor_____

My objectives for this course are:

We have agreed that I will do the following to achieve my objectives:

The grade will be based on:

We understand that should this study not be completed by the end of the date stated above, the student will submit a "Request for Extension" form which includes a negotiated final date for completion of the study.

_____
Professor's Signature Date

_____
Student's Signature Date

Copies: Professor, Registrar's Office, Student
PDF