

## INDEPENDENT STUDY REGISTRATION FORM

Office of the Registrar  
2481 Como Ave  
St. Paul, MN 55108

[registrar@luthersem.edu](mailto:registrar@luthersem.edu) 651-641-3473

This form, completed and signed, is due in the Registrar's Office **no later than the add/drop deadline of the semester or term** during which the study is proposed – regardless of full course or half-course value. Please check your schedule on MyLutherNet to verify that it has been received and registered. **NOTE:** Division chair signature required for all courses taken on an Independent Study. Independent Studies are subject to the same academic policies, procedures and deadlines, per term, as regular courses. A maximum of 5 credits may be completed through Independent Study.

PLEASE PRINT ALL INFORMATION

<b>Student Name</b>	<b>Date</b>
<b>Student Number</b>	<b>Degree</b> M.A. <input type="checkbox"/> MDiv <input type="checkbox"/> Cert/Non-Degree <input type="checkbox"/>
<b>Check one:</b> <input type="checkbox"/> Half-course <input type="checkbox"/> Full course	<b>Term</b> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> <b>Year</b> _____
<b>Grading Option:</b> P/F <input type="checkbox"/> A/F <input type="checkbox"/>	<b>ISSA Reporting:</b> International Travel Component <input type="checkbox"/>
<b>Course Number (this section filled out by the Registrar)</b>	<b>Course Title (<u>15 characters limit</u>)</b>

### INDIVIDUAL STUDY PROPOSALS

**The proposal should be included on the back of this form or an attached sheet of paper and cover the following areas:**

- Study Topic – two or three sentences regarding the issue or area to be examined.
- Assignments – list those tasks which will comprise the study e.g. consultations, bibliography, paper, projects, etc.
- Evaluation – state the criteria and/or procedure which will be used to assess the work.
- Student Learning Outcomes – Statements that specify what learners will know or be able to do as a result of assignments. Outcomes are usually expressed as knowledge, skills, or attitudes.

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<b>Student signature:</b>	<b>Date:</b>	<b>Printed faculty name:</b>	<b>Date:</b>
		<b>Faculty signature:</b>	

<b>Division Chair signature:</b>	<b>Date:</b>

<b>Date Rec'd/Initials</b>	<b>REGISTRAR'S OFFICE USE ONLY</b>	<b>Date Entered/Initials</b>

**NOTE:** It is the responsibility of the student to see that this form reaches the Registrar's Office.

PLEASE MAKE COPIES OF THIS FORM FOR YOURSELF AND THE INSTRUCTOR PRIOR TO SUBMITTING TO THE REGISTRAR'S OFFICE. 06/2023