Calvin Theological Seminary
Independent Study Request for First Degree Student
(Course number 598)

Term: _____________

Name of student: ___________________________________ Date: _____________________

Number of credits: ________ (2 is default)

Title as it will appear on transcript (Maximum 45 letters/spaces):

_____________________________________________________________________________

Calvin Seminary Faculty Member Supervising: _____________________________
(If you are interested in working with someone who is not a Calvin Seminary Faculty Member,
you must receive approval from the Academic Office before setting up the course.)

Description of the course:

Means of accountability:

Preliminary bibliography:

Student’s signature ____________________________________________________________

Supervising professor’s signature _______________________________________________
When signatures are secured, submit to Denise Mokma by the registration deadline.

Rev/June 2015