



INSTITUTE *of* PASTORAL STUDIES

Guided Study Form

Name: _____ ID# _____

Semester/year for which you are registering: _____, _____

No. of credits you wish to register for: 1 2 3 Degree Program _____

IPS degree candidates may earn up to six (6) hours of Guided Study credit in their academic career.

Title of Proposed Course: _____

Faculty Sponsor: _____

Proposal: In an attachment with this form, the student must submit a detailed proposal for the guided study. The proposal must include the following sections:

1. Reason for Requesting Guided Study – Include a statement about whether a similar course is offered by the IPS? If such course is offered outline why that course will not meet the student's program objectives.
2. Learning Objectives of the Course – What are the specific and measurable outcomes the student hopes to accomplish with the completion of the course?
3. Integration – How does the course conform to and support the goals of the IPS and the particular degree program in which the student is enrolled? How does the course reflect the theological and pastoral interests of the student?
4. Methodology – How does the student propose to proceed during the semester in pursuit of these learning outcomes?
 - a. What are the primary components of the process of the course?
 - b. What is the final “product” which the student will submit for evaluation?
 - c. If the proposal includes the completion of a pastoral project supervised by a mentor other than the professor of record, include name, title, and all contact information of the proposed mentor.
5. Schedule – What are the time markers by which the student and professor can determine appropriate progress toward the objectives of the course?
6. Evaluation – By what specific norms will the student and the professor determine the degree of success of the course work?

By my signature on the line below, I hereby affirm that the information given in this application is true to the best of my knowledge. I also agree to the terms and conditions of the Institute of Pastoral Studies regarding this form.

NOTE: Must be signed and dated at least THREE weeks (or more) PRIOR to the start of the semester

Student signature

Date

Faculty signature

Date

Faculty mentor signature (where applicable)

Date

IPS Director Signature

Date

Return this form to
Coordinator of Student
Services
Ipsstudentservices@luc.edu
Phone: 312.915.7400
Fax: 312.915.7410
Institute of Pastoral Studies
Lewis Towers, Room 633
820 N. Michigan Avenue
Chicago, IL 60611

For office use only

499 section #: _____ Course created by Reg/Rec: _____

Student registered through LOCUS: _____ (Date)

Grade received from Instructor: _____ (Grade) _____ (Date)