Individualized studies are courses designed uniquely by the student and professor for an individual learning experience. If your intent is to register for a Western Seminary course found in the catalog, please complete the Independent Study Request. All requests must be submitted no later than two weeks prior to the beginning of the semester. Requests submitted after that date may be denied or postponed until the following semester.

Full Name _____________________________________________________________ Student ID ________________
First                                                  Middle                                                  Last

Course ID ____________________ Course Title _____________________________________________________________

Credit Hours _____________ Start Date _____________________________ End Date __________________________

Please note that the course start and end dates must occur within the official start and end dates of the semester.

Please staple a copy of the syllabus to this form, with the form on top. Then obtain the signatures indicated below. If you are unable to obtain one or more signatures due to schedule conflicts or distant proximity to campus, a copy of an email indicating approval from the faculty member may be stapled behind the syllabus, and “See Attached” may be written on the signature line.

Instructor Signature: verifies approval of syllabus _______________________________________ Date ___________
Advisor Signature: verifies support of this request _______________________________________ Date ___________
Northern California Only: Academic Coordinator Signature ________________________________ Date ___________
Student Signature: authorizes registration _______________________________________________ Date ___________

OFFICE USE ONLY

The Academic Affairs / Center for Ministry Leadership office has granted approval of this request

Dean/Center Chair _____________________________________________________ Date _________________

The Registrar has granted approval of this request.

Registrar ________________________________________________________________ Date _________________

The registration has been processed.

Student Services Staff ______________________________________________________ Date _________________