



# INSTITUTE *of* PASTORAL STUDIES

## Guided Study Form

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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: \_\_\_\_\_

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**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?
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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 Dean Signature

\_\_\_\_\_  
Date

**Return this form to**  
Coordinator  
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)