

Phillips Theological Seminary

Independent Research Proposal

See catalog for independent research guidelines.

Name: _____ ID: _____ Date: _____

Number of credit hours completed: _____ GPA: _____

Number of independent study hours already taken: _____

Semester: _____ Year: _____ Number of credit hours for this project: _____

Total credit hours enrolled (including independent research project): _____

Course Title: _____ Course No.: _____

Project Title _____

Faculty Consultant: _____ Adviser: _____

Meeting dates with Faculty Consultant: _____

Please attach a separate statement specifying:

- a. Purpose of project
- b. Description of project
- c. Proposed bibliography (attach additional pages if necessary)
- d. Written requirement

Approved by Faculty Consultant: _____ Date: _____

Approved Disapproved by Dean: _____ Date: _____

Office Use Only

Original To: Registrar

Copies To: Adviser Professor Student Student File