

Ecumenical Theological Seminary
2930 Woodward Avenue, Detroit, MI 48201
www.etseminary.edu | 313.831.5200

APPLICATION FOR INDEPENDENT STUDY/TUTORIAL

Student name _____ Date of Application _____

Address _____

Telephone _____ Email _____

Academic Year _____ Academic Term _____

Title of Independent Study _____

Dates of Study: From _____ To: _____

Credit Hours _____

Signature of Study Instructor _____

Description of topic for study (attach separate page if more space is needed):

Required Resources (attach separate page if more space is needed):

Proposed Assignments (attach separate page if more space is needed):

Minimum number of contact hours with the instructor: _____

Additional Comments: If additional comments are necessary, please use the back of this form.

Student's Signature _____ Date _____

ETS Advisor's Signature _____ Date _____

Program Director's Signature _____ Date _____

Note: The Program Director discusses application with Academic Dean to secure approval or disapproval. The Program Director will contact the student and instructor re: approval or disapproval.

Academic Dean's Signature _____ Date _____

The Program Director will submit copies to: Registrar (original form), Program Director, Advisor, Independent Study Instructor, Student, Finance Office