

THE ECUMENICAL INSTITUTE OF THEOLOGY

INDEPENDENT STUDY CONTRACT

Student _____

Program _____

Address _____

Telephone (w) _____

(h) _____

Email _____

Faculty _____

Telephone (w) _____

Address _____

(h) _____

Email _____

Social Security # _____

Credits _____

Course _____

Tuition _____

Description of Project:

Requirements:

Beginning Date _____

Concluding Date _____

Signature of Student

Signature of Faculty

Signature of Dean