WARTBURG THEOLOGICAL SEMINARY

INSTRUCTIONS: Complete the form with all necessary information. Attach additional pages as needed. Get all requested signatures. Return completed form to the Registrar. Copies of the completed form will be provided to the student, instructor(s) and advisor.

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(Last	Name) (First)	(Middle)		Fall Interim Spring Summer	
Deg	gree Program: M.Div M.A	Other			
(Cour	rse #) (Project Title)			(Hours) Grade choice	
1.	Brief description of project:			(Cr/NCr-Lette	r)
2.	Proposed bibliography:				
3.	Proposed procedure and documentation:				
4.	Project supervisor:				
ST	UDENT'S SIGNATURE:		Date		
	ature of Project Supervisor)		(Date)		
(Sign	ature of Advisor)		(Date)		