

# Special Enrollment Form

**Student:** Please complete the general information section and the specific section of the course in which you would like to enroll (program thesis, independent study, independent enrollment, Master of Theology courses, ministry residency, internship, or practicum). Submit the form to the Academic Office for signatures. If approved, the Registrar’s Office will automatically register you for the course.

**Academic Office:** Please submit the completed form to the Registrar’s Office.

### General Information

Name:	Student I.D. #:
Address:	
Phone: (H) (W)	E-mail:
Degree:	Specialization/Cognate:
Advisor:	Semester/Year course(s) will be taken:

### Thesis

Name of Thesis Advisor:	Anticipated Thesis Completion Date:
General Thesis Topic:	
**Course (circle one): BBL-790, BBL-792, BBL-890, THE-790, THE-792, THE-890, MIN-797, COU-792	
Thesis Advisor Signature:	Date:
Student Signature:	Date:

### Independent Study – a course not already offered through the pre-existing courses in the GRTS course catalog

Name of Supervising Professor:	
**Area of Interest in Study:	
**Course (circle one): BBL-783, BBL-784, THE-784, THE-785, THE-786, MIN-792, MIN-793, MIN-794, MIN-795, COU-791	
**Credits:	
**Modality (circle one): IN-PERSON                      LIVE (synch. online)                      ANYTIME (asynch. online)	
**Dates (circle one): First 7 week session      Second 7 week session                      15 weeks	
Independent study courses require the completion and submission of an Independent Study Learning Contract by the supervising professor and student.	
Supervising Professor Signature:	Date:
Student Signature:	Date:

### Independent Enrollment –a separate offering of a pre-existing GRTS course listed in the course catalog

Name of Supervising Professor:	
**Course Name and #:	
**Credits:	
**Modality (circle one): IN-PERSON                      LIVE (synch. online)                      ANYTIME (asynch. online)	
**Dates (circle one): First 7 week session      Second 7 week session                      15 weeks	
<b>Note-</b> Signatures are required below to register for the independent enrollment courses:	
Supervising Professor Signature:	Date:
Dean/Assoc. Dean Signature:	Date:
Student Signature:	Date:

### Master of Theology Courses

Name of Supervising Professor:
Course number and title:
Signature of Supervising Professor:
Name of Supervising Professor:
Course number and title:
Supervising Professor Signature:
Student Signature:

### Ministry Residency

Name of Church or Organization:	
Name of and title of Ministry Residency Site Supervisor:	
Briefly describe the context selected:	
**I am changing my Ministry Mentor/Location Y: <input type="checkbox"/> N: <input type="checkbox"/>	
**Course number (circle one): MIN-685    MIN-686    MIN-781    MIN-782	
**Modality (circle one):    IN-PERSON                      LIVE (synch. online)                      ANYTIME (asynch. online)	
Ministry Residency Director Signature:	Date:
Student Signature:	Date:

### COU-782 Counseling Practicum, COU-784 Internship I, or COU-785 Internship II

Name of agency, or organization in which internship will occur:	
Name and title of Internship Site Supervisor:	
Name of Internship Supervising Professor:	
Briefly describe the context selected:	
**Course number (circle one): COU-782                      COU-784                      COU-785	
**Modality (circle one):    IN-PERSON                      LIVE (synch. online)	
<b>Note:</b> See Practicum and Internship Manual for prerequisite courses and requirements	
Supervising Professor Signature:	Date:
Student Signature:	Date:

### COU-786 Internship Completion (1-3 credits), COU-787 Internship III (1-3 credits)

Name of agency, or organization in which internship will occur:	
Name and title of Internship Site Supervisor:	
Name of Internship Supervising Professor:	
Briefly describe the context selected:	
**Course number (circle one): COU-786                      COU-787	
**Modality (circle one):    IN-PERSON                      LIVE (synch. online)	
<b>Note:</b> See Practicum and Internship Manual for prerequisite courses and requirements.	
Supervising Professor:	Date:
Supervising Professor circle number of credits:    1                      2                      3	Date:
Student Signature:	Date:

Office Use Only

Date Form Received \_\_\_\_\_ Signature \_\_\_\_\_

Updated 10/12/2020