**Loyola University Chicago**

**Institute of Pastoral Studies**

**Integration Project Registration Form**

# Name: Date: Degree:

ID # e-mail address:

I plan to graduate in the Fall Spring Summer of 20

(check one)

**NOTE**: **The approval of your faculty reader, academic advisor, and the IPS Dean or Associate Dean are required *before* you can register for IPS 593, Integration Project. An approved copy of the proposal must also be attached with this form.**

Project Title/Subject:

Name of Faculty Reader:

An IPS Faculty Member has agreed to read the paper and, certifying this, has signed. (electronic signature is accepted). Ordinarily, full-time faculty members of the IPS are readers. In certain circumstances and for a compelling reason, an IPS adjunct faculty member may be a reader.

Faculty Reader’s signature Date

Academic Advisor’s Signature Date

IPS Dean’s or Associate Dean’s signature Date

# --------------------------------------------------------------------------------------------------------------

For office use only:

Project successfully completed:

Faculty Reader’s signature

Date: Submitted to Registration and Records by:

Last Updated: 9/11/19