

**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

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For office use only:

Project successfully completed: \_\_\_\_\_  
Faculty Reader's signature

Date: \_\_\_\_\_ Submitted to Registration and Records by: \_\_\_\_\_