



STARR KING

SCHOOL FOR THE MINISTRY

STARR KING INDIVIDUALIZED LEARNING (SKIL) Form

Student's Name: _____ **Student ID#** _____

Degree Program: _____ MDIV _____ MASC _____ Joint MDIV/MASC

Religious Affiliation: UU _____ Other (please specify)

Individual SKIL _____ **Group SKIL** _____ **Residency:** _____ High _____ Low

Proposed Title *(Maximum of 29 characters, including punctuation and spaces)*

Faculty Member Guiding SKIL:

Term: _____ Fall _____ Intersession _____ Spring _____ Summer **Year:** _____

Grade: _____ Letter Grade _____ Pass/Fail

Units:

_____ 1 unit *(45 hours of work expected)*

_____ 1.5 units *(67.5 hours of work expected)*

_____ 2 units *(90 hours of work expected)*

_____ 3 units *(135 hours of work expected)*

Primary Threshold(s) Involved in Individualized Learning course

(check one, two max)

_____ # 1: Religious Community & Interfaith Engagement

_____ #2: Prophetic Witness & Work

_____ #3: Sacred Text & Interpretation

_____ #4: History of Dissenting Traditions & the Thea/ological Quest

_____ #5: Spiritual Practice & the Care of the Soul

_____ #6: Thea/ology in Culture & Context

_____ #7: Educating for Wholeness & Liberation

_____ #8: Embodied Wisdom & Beauty

Student's Signature: _____ **Date:** _____

Supporting Faculty's Signature: _____ **Date:** _____

Advisor's Signature: _____ **Date:** _____

Registrar's Signature: _____ **Date:** _____

Students must save the completed form as a PDF with the name as Term.SKIL.Your first and last name. Then, email the form to registrar@sksm.edu, and Cc your advisor.

The office of the registrar will obtain the necessary signatures after the completed PDF form is received.

Starr King School for the Ministry

PRELIMINARY INDIVIDUALIZED LEARNING SYLLABUS

Instructions: Please create a preliminary syllabus (no more than 1-5 pages) for your proposed Starr King Individualized Learning (SKIL) course. The items to be included are listed below. Your preliminary syllabus must be reviewed and approved by your faculty sponsor **before** registration begins. A final syllabus will be created with your faculty sponsor within 2 weeks of the start of the term and revised as agreed to by student and faculty sponsor.

Student's Name:

Date:

Term/Year:

Religious Affiliation: UU _____ Other (please specify)

(1) Course Title (30 characters or less, including spaces and punctuation):

(2) Course Description (how you envision conducting your SKIL):

(3) Course Purpose (your reason for undertaking this SKIL):

(4) Faculty Interaction (how often you will meet with your faculty sponsor):

(5) Learning Outcomes (1-3 measurable goals you will accomplish by end of this course):

(6) Method of Evaluation (based on work produced such as academic papers, presentations, sermons, creative projects, counter-oppressive activism, reflection papers, etc.)

(7) Texts & Other Sources (your primary texts and sources for this course):

(8) Course Outline & Calendar (by month or week, including theme, texts, and activities):

(9) Previous Individualized Learning courses (including past SRCs – Special Reading Courses) you have completed at SKSM (term/year, title, number of units, individual or group, faculty sponsor):

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Term/Year: _____

Religious Affiliation: UU _____ Other _____
(please specify)

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(2) Course Description (how you envision conducting your SKIL):

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(3) Course Purpose *(your reason for undertaking this SKIL):*

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(4) Faculty Interaction *(how often you will meet with your faculty sponsor):*

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