



STARR KING INDIVIDUALIZED LEARNING (SKIL) Form

Student Name: _____ Student Populi Barcode ID# _____

Student Legal Name (if different):

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

Individual SKIL _____ Group SKIL _____

Proposed Title (Please use all caps for proposed SKIL title)

Faculty Member Guiding SKIL:

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

Grade: _____ Pass/Fail _____ Letter Grade

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: Save the completed form as a PDF (using the free Adobe software described on the student forms page and in the student handbook) with the file name:

YearTerm.SKIL.Your first name last name
(ex: 2021SP.SKIL.Stu Learner).

Email the form to: Registrar@sksm.edu (and copy the supporting faculty and your advisor). The Office of the Registrar will obtain the necessary signatures after the completed PDF form is received.

Please remember to fill out the syllabus section below before returning form. The signed form and syllabus will be added to the student's file.

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:

(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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Student's Name: _____ **Date:** _____

Term/Year: _____

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

(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*):

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