

# Independent Study

Records and Registration Office/State University of New York at New Paltz

Fall       Spring  
 Summer I     Summer II    20\_\_

PLEASE ATTACH A CURRENT TRANSCRIPT TO THIS FORM.

The guidelines for independent study vary. Consult the appropriate faculty dean for further information.

_____	_____	_____	<input type="checkbox"/>	Freshman
_____	_____	_____	<input type="checkbox"/>	Sophomore
_____	_____	_____	<input type="checkbox"/>	Junior
_____	_____	_____	<input type="checkbox"/>	Senior

Last Name                                      First Name                                      MI                                      Student ID # or Social Security #

Local Address                                      Zip Code                                      (Area Code) Telephone Number

## COURSE NO.

Undergraduate level \_\_\_\_\_  
Department \_\_\_\_\_

Graduate level \_\_\_\_\_  
Department \_\_\_\_\_

Check one:

295 \_\_\_\_\_  
495 \_\_\_\_\_  
595 \_\_\_\_\_  
795 \_\_\_\_\_

## SECTION NO. \_\_\_\_\_

(Assigned by Records and Registration Office)

CREDITS: \_\_\_\_\_

LA \_\_\_\_\_  
(yes)                                      (no)

(Assigned by Dean)

A. Nature of Project:     Readings     Research     Assistantship  
 Other \_\_\_\_\_  
   Explain Briefly

B. Describe your proposed study project. Type print clearly. Use additional pages if necessary. What is the proposed method of study?  
Where appropriate include a list of readings, practical experience, and/or a description of your research design.

\_\_\_\_\_  
Signature of Student                                      Date

C. To be completed by instructor: On what basis will the project be evaluated? What assignments will be required?

Signature of Instructor \_\_\_\_\_      Faculty ID #: \_\_\_\_\_

Please PRINT Instructor's name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Chair                                      Date

\_\_\_\_\_  
Signature of Dean                                      Date