

Office of Records & Registration, SUNY New Paltz, 500 Hawk Drive, New Paltz, NY 12561-2439

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.

Last Name	First	MI	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15px;">N</td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table>	N									
N													
			Student ID Number										
Local Address: Street		Apt. No.	E-mail										
City	State	Zip Code	(____) _____										
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			Class _____										

COURSE NO.	Check one:	SECTION NO. _____
Undergraduate level	495 _____	(Assigned by Records & Registration.)
Department		CREDITS _____
Graduate level	595 _____	LA _____
Department	795 _____	(yes) (no)
		(Assigned by Dean)

A. Title of Project: _____

B. _____	_____	(____) _____
Name of Organization	Address	Telephone Number
_____	_____	
On-site Supervisor	Number of Hours per Week	

- C. Describe your proposed fieldwork project. Type/print clearly. Use additional pages if necessary.
1. What are your responsibilities on the site? What special project will you be working on? What do you expect to learn?

 2. How is the proposal related to your major areas of interest? Describe the course work you have completed which provides appropriate background to the project.

 3. What is the proposed method of study? Where appropriate, cite readings and practical experience.

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

Signature of Student	Print Instructor's Name
Date	Date
Signature of Department Chair	Signature of Instructor
Date	Date
Signature of Dean	Instructor ID Number
Date	