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.

_____
Last Name First Name MI

N | | | | | | | | |
Student ID #

☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior

_____
Local Address Zip Code

_____
(Area Code) Telephone Number

COURSE NO.

Check one:

Undergraduate level _____ 295 _____
Department 495 _____

Graduate level _____ 595 _____
Department 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

Submit completely signed form to Records and Registration Office, HAB 19, with registration or course change form.

White/Records Yellow/Student 38-031 8/09