INDEPENDENT STUDY

New Paltz
STATE UNIVERSITY OF NEW YORK

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

N | | | | | | | | |
Student ID Number

Local Address: Street Apt. No.

E-mail

City State Zip Code

(_____) _____
Telephone Number

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

COURSE NO.

Check one:

Undergraduate level _____ Department
295 _____
495 _____

Graduate level _____ Department
595 _____
795 _____

SECTION NO. _____
(Assigned by Records & Registration.)

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 Date

Instructor ID Number

Please PRINT Instructor's name

Signature of Department Chair Date

Signature of Dean Date

Submit completely signed form to Records & Registration with registration or course change form.