INDEPENDENT STUDY

New Paltz
STATE UNIVERSITY OF NEW YORK

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

Semester and year:
☐ Fall ☐ Winter ☐ Spring ☐ Summer 20____

PLEASE ATTACH A CURRENT TRANSCRIPT TO THIS FORM.
The guidelines for independent study vary. Consult the appropriate faculty dean for further information.

N								

Last Name _____ First _____ MI _____ Student ID Number

Local Address: Street _____ Apt. No. _____ E-mail

City _____ State _____ Zip Code _____ (_____) _____ Telephone Number

COURSE NO.

Undergraduate level _____ Subject

Graduate level _____ Subject

Check one:

295 _____
495 _____
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. In an attached document, please describe your proposed study project. Type/print clearly. 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

Total credits registered _____
(After addition of Independent Study)

C. **To be completed by instructor:** Please include the following information on an attached document.
1) Student learning outcomes
2) Topics to be covered
3) Reading materials and assignments
4) Schedule for quizzes, papers, and examinations with basis for mid-term evaluation
5) Explanation of course grading policies
6) Method of determining the final grade, including relative weight of each assignment

_____ Signature of Instructor _____ Date

_____ Instructor Banner ID Number **(REQUIRED)**

_____ Please PRINT Instructor's name

_____ Signature of Department Chair _____ Date

_____ Signature of Dean _____ Date

☐ Dean approval for excess credit (if necessary)

Submit completely signed form to Records & Registration.