Office of Record	Paltz DF NEW YORK ds & Registration, SUNY 1	New Paltz, 500 Hawk	Drive, Nev	INDEPENDENT STUDY w Paltz, NY 12561-2439
	Fall Winter CURRENT TRANSCRIP bendent study vary. Consu	T TO THIS FORM.	Summer ulty dean fo	20 or further information.
Last Name	First	٨	/1	N Image: Student ID Number
Local Address: Street		A	pt. No.	E-mail
City		State Z	lip Code	() Telephone Number
	Subject (ex: CHE, MUS, B Subject (ex: CHE, MUS, E tter grades	595 310) 795 / Fail	CRE LA If re Subj	CTION NO (Assigned by Records & Registration) EDITS Yes No (Assigned by Dean) equesting access to a different BlackBoard course si ject Course Section Jude justification on back or as an attachment)
		ır proposed study proj	nd/or a de	print clearly. What is the proposed method of study? escription of your research design.
Signature of Student		Date		redits registered ddition of Independent Study)
 Student learni Topics to be c Reading mate Schedule for c Explanation or 	ing outcomes	inations with basis for	r mid-term (
Signature of Instructor		Date	Instruct	tor Banner ID Number (REQUIRED)

Signature of Department Chair

Date

Signature of Dean

Dean approval for excess credit (if necessary)

Submit completed and signed form to Records and Registration.

Date