

Independent Study Form (Not for FOS 402)

- **DEADLINES:** Students registering for independent study have **until the end of the 3rd week of class (1st week in summer session)** to submit this application.
- **No independent study is allowed during the winter session**

Completed by Student (Answer all fields)

Name (First & Last) _____ CUNYfirst EMPLID# _____

Email Address: _____ Telephone: _____

Degree student is pursuing? Undergraduate Graduate

Course information

Semester: Fall _____ Spring _____ Summer 1 _____ Summer 8 week _____ Summer 2 _____

Instructor's Name: _____

Discipline: _____ Course Number: _____

Course Title (cannot be "Ind. Study" and no more than 16 characters): _____

Course Description

Materials Used (texts/bibliographical resources)

Number of hours required: A semester Hour of credit requires a combined 45 hours of instruction and supplementary assignments

Conference Meeting: _____ Schedule Conferences: _____ Supplementary Assignments: _____

Student Assignments:

Method(s) of Evaluation (must include oral presentation or written report):

All required signatures must be present for the application to processed.

Student's Signature (**required**): _____

Date: _____

Instructor' Signature (**required**): _____

Date: _____

Dept Chairperson (**required**): _____

Date: _____

Office of Undergraduate Studies (Required for 400 level): _____

Date: _____

Dean of Graduate Studies (Required of Grad Students): _____

Date: _____

For Office Use Only:

Request processed by (Registrar): _____

Date of completion: _____