



**OFFICE OF THE REGISTRAR**  
 445 WEST 59<sup>TH</sup> STREET, ROOM 4113N.  
 NEW YORK, N.Y. 10019  
 PHONE NUMBER 212-237-8878  
 FAX NUMBER: 212-237-8875

**GRADUATE INDEPENDENT STUDY FORM**

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPORTANT: ALL FIELDS BELOW ARE MANDATORY AND MUST BE FILLED IN BY THE PROFESSOR**

**The signature of the Dean of Graduate Studies must be obtained prior to bringing this form to the Office of the Registrar.**

For independent study courses that do not correspond to existing courses, an independent study work order will be created using the discipline chosen by the instructor combined with the class number 794.

COURSE: \_\_\_\_\_ INSTRUCTOR'S NAME: \_\_\_\_\_  
 (DISCIPLINE) (NUMBER)

SEMESTER: FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER 1 \_\_\_\_\_ SUMMER 8 Week \_\_\_\_\_ SUMMER 2 \_\_\_\_\_ YEAR \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_  
 (May not be Ind. Study and be no more than 16 character) (Print Clearly)

STUDENT'S NAME: \_\_\_\_\_ S.S. # \_\_\_\_\_ GPA \_\_\_\_\_  
 (PRINT CLEARLY)

CONTACT PHONE #: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOME \_\_\_\_/\_\_\_\_/\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

LIST DESCRIPTION, GRADE, AND SEMESTER OF PREVIOUS INDEPENDENT STUDY COURSES: \_\_\_\_\_

Description of Course: \_\_\_\_\_

Texts, and Other Bibliographical Resources to be Utilized: \_\_\_\_\_

Student Assignments: \_\_\_\_\_

Number of Hours Required In: Conference Meetings: \_\_\_\_\_

Supplementary Assignments: \_\_\_\_\_ Schedule of Conferences: \_\_\_\_\_

NOTE: A Semester Hour of credit requires a combined 45 hours of Instruction and Supplementary Assignments.

Method(s) of Evaluation: \_\_\_\_\_

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Dean of Graduate Studies

\_\_\_\_\_  
 Instructor's Signature

\_\_\_\_\_  
 Registrar's Office Supervisor

**NOTE: First Copy – Registrar's Office; Second Copy – Faculty Member; Third Copy – Student**

NOTE: Students registering for Independent Study have until the end of the 2<sup>nd</sup> week of class (1st week in Summer Session) to submit this form. No registration for Independent Study courses will be processed until this form is complete and signed by all parties. **NO Independent Study** is allowed during the Winter Session.

OFFICE USE ONLY  
 CUM CREDITS: \_\_\_\_\_ GPA: \_\_\_\_\_ NUMBER OF PREVIOUS IND. STUDIES \_\_\_\_\_