



Office of the Registrar

845-398-4300

Independent Study Rationale

Name: _____ Major: _____

Student ID #: _____ Advisor: _____

Course: _____ [ex. ENG 300] Title: _____

Reason for Independent Study: _____

Student to Identify:

1) Course Objectives (List the benefits to be derived from the proposed course and the manner in which this will be accomplished.)

2) Evaluation – Method by which course objectives will be evaluated:

- a) Paper
- b) Project and Paper
- c) Oral Report and Paper
- d) Other

1) _____ 2) _____
 Dean of School (Print) Faculty Mentor (Print)

Dean of School Signature

Faculty Mentor Signature

3) _____
 Vice President for Academic Affairs

Independent Study is available to all degree candidates who have completed 60 credits and are in good academic standing. No more than six (6) credits in Independent Study may be applied toward a student's major.

I wish to add this course to my registration for: Fall Spring Summer 20____

Student Signature

Phone Number

Date