

Syracuse University

Proposal for Independent Study Course

Name _____ SUID# _____

Mailing Address _____

Email _____ Phone _____

College/School _____ Major _____

Semester or Summer Session (select one):

Fall Spring SS 1 SS 2 Combined Session Year _____

Select One: Letter grade (A-F) _____ **OR** Pass/Fail _____
(P/F options not available to graduate students or in required courses for undergraduates)

Select One: Course Elective _____ **OR** Substitute for a required course (indicate course): _____

Select appropriate course type and number below:

Experience Credit

270 470 670 970

Independent Study

290 490 690 990

Graduate Readings
and Research

Undergraduate Research Program (URP)

250 450

Course to be taken _____
Dept. Number # of credits Title

Class Number _____ Faculty Sponsor's Name _____
Assigned by Registrar (Please print) Last First Middle initial Last 4 digits of SUID

Faculty: Please complete or insure the accuracy of the following items

Title and objectives of study or experience (include previous and related course study):

Procedures of study or nature of experience:

Nature of contact with faculty sponsor or supervisor:

Criteria for assessing student performance:

Student Signature _____ Date _____ Advisor Signature _____ Date _____

Faculty Sponsor Signature _____ Date _____ Director Undergraduate Research Program
(for URP related course only) Date _____

Dept. Chair Signature _____ Date _____ College/School Undergraduate or Graduate Office Date _____