

SYRACUSE UNIVERSITY

Office of the Registrar

PROPOSAL FOR INDEPENDENT STUDY COURSE

Name: _____ SUID# _____
Mailing Address: _____
Email: _____ Phone: _____
College/School: _____ Major: _____

Semester or Summer Session (Select one):
Fall Spring SS1 SS2 Combined Session Year _____

Select One: Letter Grade (A-F) **OR** Pass/Fail
(Pass/Fail option is 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				Independent Study				Graduate Readings and Research	Undergraduate Research Program (URP)	
270	470	670	970	290	490	690	990		250	450

Course to be taken: _____
Department Number # of credit Title

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

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

Title and objective of study or experience (include previous 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