INDEPENDENT STUDY FORM

SEMESTER:____

EMPLID # (CUNYFirst II) #):		
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		_	_
E-Mail Address:			
Telephone:			
Have you previously registe	red for an Independe	nt Study course?	Yes No
	If yes, how many cre	edits?	
Student's Signature:			
Full Time Faculty Supervise	or's Name:		
To be filled out by Faculty Member		Number o	of Credits
Independent Study	290.01	290.02	290.03
Directed Research		291.02	291.03
Honors* *When students regi POLSC 493.00: How	ster for Honors they voto Research.	491.00 will also need to re	492.03 gistered for
Notes			
Facult	ry Member's Signatur	e:	