

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
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Class Number: _____ Faculty Sponsor's _____

Assigned by Registrar	Name: <i>(Please Print)</i>	Last	First	Middle Initial	Last 4 digits of SUID
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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