

Application for Independent Study  
The College of Saint Rose

Student's Name \_\_\_\_\_ Major \_\_\_\_\_

Student ID Number (**Required**) \_\_\_\_\_ Number of Credit Hours \_\_\_\_\_

Title of Independent Study \_\_\_\_\_

substitution for which program requirement \_\_\_\_\_  
(if applicable)

Departmental Prefix \_\_\_\_\_ / 499 – Undergraduate  
\_\_\_\_\_ / 598 – Graduate

Semester \_\_\_\_\_

A clear, substantiated and detailed description of the project must be attached to this application. The description should include the following: (1) aims of the study, (2) content of the study, (3) methods and working bibliography, (4) related activities, if applicable and (5) method of evaluation.

This completed form with required signatures of approval must be submitted to the Registrar's Office at the time of registration within established College deadlines.

**I request registration for this Independent Study:**

Student's signature: \_\_\_\_\_

**Students must obtain the following signatures for approval:**

Full-Time Faculty Member  
who will guide the student \_\_\_\_\_ / \_\_\_\_\_  
(Please **print** name) (Signature)

Academic Advisor's signature \_\_\_\_\_

School Dean's signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*FOR REGISTRAR OFFICE USE\*\***

(1) CRN & Section Number \_\_\_\_\_

(2) Session Registered \_\_\_\_\_