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_____________________________

[Signature]