SYRACUSE UNIVERSITY
Proposal for Independent Study Courses

NAME: ___________________________ STUDENT NUMBER: ___________________________

COLLEGE: _______________________ CLASS: _______________ MAJOR: _______________

CAMPUS ADDRESS: ___________________ PHONE: ______________________

SEMESTER: FALL ______ SPRING ______ / SUMMER: SESSION 1 ______ SESSION 2 ______ / YEAR: _______

GRADING: LETTER GRADE: ___________ PASS/FAIL: ___________ PF Option NOT Available to Graduate Students

COURSE ELECTIVE: ________________ SUBSTITUTE FOR REQUIRED COURSE: ______________

CIRCLE APPROPRIATE COURSE TYPE AND NUMBER:
Experience Credit Honors Capstone Project Independent Study Graduate Readings Undergraduate Research Program
270 470 670 970 499 290 490 690 990 250 450

Course to be taken: ___________ Dept. No. ___________ Credit ___________ Title ___________

Class Number: ___________________ (assigned by Registrar’s Office) Faculty Sponsor’s Name: ___________

FACULTY: PLEASE COMPLETE OR INSURE THE ACCURACY OF ITEMS 1-4.
1. Title and objectives of Study or Experience (including previous and related course study.)

2. Procedures of Study or Nature of Experience:

3. Nature of Contact with Faculty Sponsor or Supervisor:

4. Criteria for Assessing Student Performance:

Student Signature ___________________________ Date ___________

Faculty Sponsor Signature ___________________________ Date ___________

Dept. Chairperson Signature ___________________________ Date ___________

Adviser Signature ___________________________ Date ___________

Director Undergraduate Research Program (for URP - related courses only) ___________________________ Date ___________

Primary College Dean (for undergraduate students only) ___________________________ Date ___________

Student: 1. Undergraduates: Take completed form (with all signatures) to the Dean’s Office of your primary college.
2. This form should be submitted to the Registrar’s Office, 106 Steele Hall.