

# 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 270 470 670 970	Honors Capstone Project 499	Independent Study 290 490 690 990	Graduate Readings and Research	Undergraduate Research Program 250 450
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Course to be taken: \_\_\_\_\_  
Dept. No. Credit Title

Class Number: \_\_\_\_\_ (assigned by Registrar's Office) Faculty Sponsor's Name: \_\_\_\_\_  
Last, First, M.I. (Please Print)

**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

\_\_\_\_\_  
Adviser Signature Date

\_\_\_\_\_  
Faculty Sponsor Signature Date

\_\_\_\_\_  
Director Undergraduate Research Program  
(for URP - related courses only) Date

\_\_\_\_\_  
Dept. Chairperson Signature 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.