UNDERGRADUATE INDEPENDENT STUDY FORM

Students interested in registering for any of the following courses must complete and return this form to Ms. Leibowitz.

Courses:
07:700:493-494 Independent Study
07:700:495 Senior Honors Tutorial
07:701:499-499 Individual Study

NAME _____ Concentration _____

RUID_____SEMESTER _____

COURSE NO._____ INSTRUCTOR_____CR.___

STATE THE PURPOSE OF THE PROJECT: _____

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I agree to work with and grade this student on the project stated above for the semester.

FACULTY NAME
(print) _____ SIGNATURE _____

DATE _____

IF YOUR PROJECT IS APPROVED, RETURN THIS FORM TO MS. LEIBOWITZ AND SHE WILL PROVIDE YOU WITH AN INDEX NUMBER AND SPECIAL PERMISSION NUMBER TO USE TO FOR REGISTRATER FOR THE COURSE.