

SYRACUSE UNIVERSITY

Office of the Registrar

PROPOSAL FOR INDEPENDENT STUDY COURSE

Name _____ SUID# _____
Mailing Address _____
Email _____ Phone _____
College/School _____ Major _____
Year _____

Semester or Summer Session
Fall Spring 6W1 6W2
12W Combined Session
Quarter Session
F32 Fall F42 Winter
F52 Spring F62 Summer

Select One Letter Grade (A-F) **OR** Pass/Fail
Pass/Fail option is not available to graduate students or in required courses for undergraduates)

Select One Course Elective **OR** Substitute for a required course (indicate course) _____

Select appropriate course type and number below

Experience Credit				Independent Study				Graduate Readings and Research	Undergraduate Research Program (URP)	
270	470	670	970	290	490	690	990		250	450

Course to be taken _____
Department Number # of credits Title

Class Number _____ Faculty Sponsor's _____
Assigned by Registrar Name Last First Middle Initial Last 4 digits of SUID
(Please Print)

Faculty, please complete or ensure the accuracy of the following four items

Title and objective of study or experience (include previous related course study)

Procedures of study or nature of experience

Nature of contact with faculty sponsor or supervisor

Criteria for assessing student performance

Student Signature	Date	Advisor Signature	Date
Faculty Sponsor Signature	Date	Director Undergraduate Research Program (for URP related course only)	Date
Dept. Chair Signature	Date	College/School Undergraduate or graduate office	Date