

SYRACUSE UNIVERSITY

Office of the Registrar

PROPOSAL FOR INDEPENDENT STUDY COURSE

Name _____ SUID# _____

Mailing Address _____

Email _____ Phone _____

College/School _____ Major _____

Year _____

Note: students are subject to the dates and deadlines of the session they are enrolled in

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

Course subject prefix	Catalog number	# of credits	Title
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Class Number _____ Faculty Sponsor's _____

Assigned by Registrar	Name (Please Print)	Last	First	Middle Initial	Last 4 digits of SUID
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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