

# Syracuse University

## Proposal for Independent Study Course

Name \_\_\_\_\_ SUID# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

College/School \_\_\_\_\_ Major \_\_\_\_\_

Semester or Summer Session (select one):

Fall  Spring  SS 1  SS 2  Combined Session Year \_\_\_\_\_

Is this independent study being done through SUAbroad?  Yes  No

Select One: Letter grade (A-F) \_\_\_\_\_ **OR** Pass/Fail \_\_\_\_\_  
(P/F options 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	Honors Capstone Project	Independent Study	Graduate Readings and Research	Undergraduate Research Program (URP)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
270 470 670 970	499	290 490 690 990		250 450

Course to be taken	_____	_____	_____	_____
	Dept.	Number	# of credits	Title

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

**Faculty: Please complete or insure the accuracy of the following items**

Title and objectives of study or experience (include previous and 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
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_____ Faculty Sponsor Signature	_____ Date	_____ Director Undergraduate Research Program (for URP related course only)	_____ Date
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_____ Dept. Chair Signature	_____ Date	_____ College/School	_____ Date
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