

Independent Study Course Approval Form

PLEASE PRINT:

Student Name: _____
Last First Middle

Student I.D. #: _____

Tels: _____ / _____ - _____ / _____ - _____ / _____ - _____
DAY EVENING CELL

E-MAIL (required): _____

NOTE: Before entering into an agreement for independent study, students are advised to read the NYTS Policy on Independent Studies that is found in the NYTS Student Handbook.

INDEPENDENT STUDY AGREEMENT: (To be filled in by Professor)

Term of Independent Study: Fall 20____ Winter 20____ Spring 20____ June 20____ Summer 20____

Name of Professor (Print) _____ Professor's Email: _____

Name of Independent Study Course: _____

Course Number: _____ Number of Credits: _____

Course Description: _____

The Student hereby agrees to the following work to be accomplished: _____

Schedule of Meetings: _____

Date of Expected Completion: _____

Student Signature: _____ Date: _____

Professor Signature: _____ Date: _____

Academic Dean Signature: _____ Date: _____

Registrar Signature: _____ Date: _____