



The City University of New York  
School of Education

INDEPENDENT STUDY FORM

**To the Student:** This form must be submitted no later than the last day of regular registration in order to get approval for independent study. No independent studies will be approved during late registration. After the form is submitted, an independent study course number and code will be assigned and you will be notified about which course code to register for. You may not register without securing your advisor's and chairperson's signature on this form. Once all signatures are obtained, upload this form to the School of Education forms uploader.

Student's Name \_\_\_\_\_

CUNYfirst Empl ID# \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

1. Will this Independent Study substitute for a required course in your program?

No [ ] (No Dean's office signature required)

Yes [ ] Was the required course waived?

Yes [ ] Name of course and date of waiver \_\_\_\_\_

No\* [ ]

\* If an independent study course is being used to substitute a required course in a your program that has not been waived, it will require the Dean's approval.

For which required course will the Independent Study substitute? \_\_\_\_\_

Reason for Request:

2. Number of credits for the independent study: \_\_\_\_\_

3. Attach a 1-page description of the independent study to be undertaken, including readings and/or assignments to be completed.

Faculty Name \_\_\_\_\_ Faculty Email \_\_\_\_\_

I agree to act as advisor for the above named student for the Fall/Spring/Summer 20\_\_ semester for the independent study described in this form. I understand that I am to submit the grade on web grade at the end of the semester.

Course Number and Title: \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson Signature \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature (if required) \_\_\_\_\_ Date: \_\_\_\_\_

Course Prefix and Number \_\_\_\_\_ Course Code \_\_\_\_\_