

# 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:

|                            |               |                            |               |
|----------------------------|---------------|----------------------------|---------------|
| _____<br>Student Signature | _____<br>Date | _____<br>Advisor Signature | _____<br>Date |
|----------------------------|---------------|----------------------------|---------------|

|                                    |               |   |               |
|------------------------------------|---------------|---|---------------|
| _____<br>Faculty Sponsor Signature | _____<br>Date | _____<br>Director Undergraduate Research Program<br>(for URP related course only) | _____<br>Date |
|------------------------------------|---------------|---|---------------|

|                                |               |                         |               |
|--------------------------------|---------------|-------------------------|---------------|
| _____<br>Dept. Chair Signature | _____<br>Date | _____<br>College/School | _____<br>Date |
|--------------------------------|---------------|-------------------------|---------------|