

STATE UNIVERSITY OF NEW YORK
COLLEGE OF TECHNOLOGY
CANTON, NEW YORK 13617

APPLICATION
FOR
Independent Study/ Directed Study

Semester: (Circle One) Fall Winter Spring Summer Year: 20_____

Student ID Number _____ Student Name _____

Cumulative GPA _____ Curriculum _____

Starting / Ending Dates* _____ / _____ Faculty Sponsor _____

*(Arranged to coincide with academic semester)

Directed Study? If yes, check here _____ Existing Course Number for Directed Study _____

Identify any adjustments to the course outline or accommodations to be made for this Directed Study:

Independent Study? If yes, check here _____ Total Credit Hours assigned to this Project _____

Title of Project _____

1. Please attach Independent Study Project outline noting: 1.)project description; 2.)objectives; 3.) established timeline for assignments; and 4.) methods of evaluation.

Signature of Student _____ Date _____

Approved by Faculty-Sponsor _____ Date _____

Approved by Faculty-Sponsor
Department Chairperson _____ Date _____

Approved by Student's Major Field
School Dean _____ Date _____

NOTE: Signed copies of this form must be distributed to each of the above, the Registrar, and the Vice President for Academic Affairs before the project begins.