MANHATTANVILLE COLLEGE
INDEPENDENT STUDY COURSE REQUEST FORM

(PLEASE TYPE)
DEPT: __________ #4495 or 5595 (circle level) ID #: __________
DATE: __________
CREDIT VALUE: _______
CREDIT RANGE: 
Undergraduate: 1.5/3.0
Graduate: 2.0/4.0

Student: _______________________________ Semester _______20______
Faculty Evaluator ____________________ Advisor ____________________
Title for Transcript _______________________ Major _____________________
Type (check one): ___Specialized Readings   ___Research Project        ___Field Work

In the space below, give a detailed description of the proposed project. Independent studies are usually only approved for work with unusual or specialized material. Include in the description a justification for this Independent Study. An Independent study MUST be reviewed and approved in the semester PRECEDING the proposed instruction. (NOTE: Please contact the History Department for their specific requirements to obtain approval of an independent study course)

What course or experiences have provided the background for this project?

How often will student and faculty evaluator meet? List specific meeting times if possible.

Due Date: __________    Method of Evaluation (letter grade or P/F): _______
How will the final grade be determined (short paper, long research paper, test)?

Signature of Student: ____________________________ _________________________

Signature of Faculty Evaluator: ____________________________ _________________________

* Signature of Dept. Chairperson: ____________________________ _________________________
(* For work supervised by an adjunct faculty or for ALL independent studies in the History Department)

*** This form must be submitted at the time of registration ***