

MANHATTANVILLE COLLEGE
INDEPENDENT STUDY COURSE REQUEST FORM

Student Name: _____

ID#: _____

Semester: _____ 20____

Subject Code: _____

Level: (*circle one*)
4495-Undergraduate
5595-Graduate
8895-Doctoral

Credit Value: _____

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.**

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

How often will the 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: _____

I agree to abide by all policies and procedures as stated in Manhattanville College's publications including payment of all charges and collection fees.

Signature of Faculty Evaluator: _____

* Signature of Dept. Chairperson: _____

(* For work supervised by an adjunct faculty or for **ALL** independent studies in the History Department)

*Signature of Academic Dean: _____

(* For **ALL** undergraduate independent studies)

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