In Independent Study Form (IINF 897)

Name: ______________________________

E-mail: ______________________________

Student ID: __________________________

Please submit this form to the CEHC Office at least one week before you plan to register. You should already have discussed your proposal with the faculty member who will supervise your study. The study should be at least equivalent in its demands and effort to a regular course of equal credit. It may not substitute for any required course in the curriculum. Your proposal must be approved and signed by the faculty supervisor and the INF Ph.D. Program Director before being submitted to the CEHC Office. The CEHC Office will then create a course section number and generate a permission number so that you can register for IINF 897. The supervising faculty member will evaluate the progress and results of your work.

I request approval for the following independent study, to be taken in:
SEMESTER: _______ YEAR: ______ Number of credits to be earned: ______

(Also, number of credits previously earned in INF Independent Study: ______)

Title: ______________________________

Abstract of proposed study: ______________________________

_________________________          __________________________          __________
Student                          Print Name/Signature          Date

_________________________          __________________________          __________
Supervising Faculty Member      Print Name/Signature          Date

_________________________          __________________________          __________
INF Ph.D. Program Director      Print Name/Signature          Date

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