

55 Fifth Ave., Room 1034 New York, NY 10003-4391 Tel: (212) 790-0295

Fax: (212) 790-0295

INDEPENDENT RESEARCH - APPLICATION

Students may elect to register for Independent Research with the permission of a full-time faculty member. They may receive a maximum of three (3) credits toward graduation; however, they may receive no more than two (2) credits in any one semester. Please refer to the Independent Research section of the "Student Handbook" for specific academic regulations

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| Number & Street | City | State | Zip | |
| Home Phone #: () | Cell Phone #: (_ |) | | |
| Email address: | | | | |
| Faculty member supervising this inde | pendent research: | | | |
| Subject area of research: | | | | |
| My independent research will be for (| (check one):1 C | Credit2 | Credits | |
| The semester for my research will be | (check one): Fal | 1 S ₁ | pring | |
| Please Note: Students are limited to a an independent research project are co | | | er. Credits earn | |
| Student Signature: | D | oate: | | |
| | | | | |
| | Do not write below this line | | | |
| Signature of Faculty Member: | | Date | :: | |
| Signature of Vice Dean: | | Date | 2 : | |

bc (8/1/2014)