

## **INDEPENDENT STUDY FORM**

**SEMESTER:** \_\_\_\_\_

**(CUNYFIRST ID #):** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**To be filled out by Faculty Member**

**Number of Credits** \_\_\_\_\_

**Independent Study Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Faculty Name (Print):** \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_

**Executive Officer Name (Print):** \_\_\_\_\_ Alyson Cole

**Executive Officer Signature:** \_\_\_\_\_