

INDEPENDENT STUDY FORM

Semester: _____

CUNYFirst ID# _____

Student Name: _____

Address: _____

E-Mail Address: _____

Telephone # _____

Student Signature _____

To be filled out by Faculty

Number of Credits _____

Description:

Faculty Name (Print): _____

Faculty Signature: _____

Executive Officer (Print): _____

Executive Officer (Signature): _____