**STATE UNIVERSITY OF NEW YORK COLLEGE OF TECHNOLOGY at CANTON**

**APPLICATION**

**FOR**

**Independent Study/Directed Study**

Semester: Fall [ ]  Winter [ ]  Spring [ ]  Summer [ ]  Year: 20

Student ID Number: 80      Student Name:

Cumulative GPA:       Major:

Starting / Ending Dates\*       -       Faculty Sponsor/Instructor:

 \**(Arranged to coincide with academic semester)*

**Directed Study?** If yes, check here: [ ]  Existing Course Subject and Number:

Identify any adjustments to the course outline or accommodations to be made for this Directed Study:

**Independent Study?** If yes, check here: [ ]  Total Credit Hours assigned to this Project:

**Course Subject** (CIVL, ECHD, VSCT, etc)       **Course Level** (100 to 400)

Title of Project:

**Please attach Independent Study Project outline noting: 1.) project description; 2.) objectives; 3.) established timeline for assignments; and 4.) methods of evaluation**.

Signature of Student: Date:

Approved by Faculty-Sponsor:  Date:

Approved by Faculty-Sponsor Department Chair:  Date:

Approved by Student’s Major/Field School Dean:  Date:

**NOTE: Signed copies of this form must be distributed to each of the above and the Registrar prior to the project beginning.**