

Colgate University

Independent Study Application Form

Student Name: _____ ID Number: _____ Class Year: _____

Term: Fall Spring Year: _____

Subject Code: _____ Course Number: 191 291 391 491 Honors Other: _____

Course credit to be awarded: 1.00 0.50 Length of course: Full term Half of Term

Independent Study title (25 character max): _____

Faculty supervisor (please print): _____

Description of Independent Study (or attach separate sheet with description/bibliography):

Methodology/Approach:

Means of Evaluation

Student signature: _____ Date: _____

Faculty supervisor signature: _____ Date: _____

Department Chair/Program Director Signature: _____ Date: _____

Please make a copy for your records

Registrar's Office Use Only:

Course: _____ CRN: _____ Date: _____ Entered: _____ Registered: _____

Revised 1/2019