



READINGS/INDEPENDENT STUDY REGISTRATION FORM
GRADUATE STUDENTS ONLY

Office of the Registrar

INSTRUCTIONS: This form is due back to the Registrar by the Add Deadline printed in the Academic Calendar. Please make a photocopy for your own records. Please allow 7-10 days for processing.

GRADUATE STUDENT: Fill in Part 1. Have the instructor who will work with you complete Part 2. Your thesis or research advisor must complete Part 3 and the department's Graduate Program Director must sign Part 4. After obtaining the necessary signature submit this form to the Registrar's Office by the Add Deadline.

INSTRUCTOR: If you agree to work with the student on an Independent Study course, complete Part 2.

THESIS or RESEARCH ADVISOR: After signing and dating Part 3 return this form to the student.

GRADUATE PROGRAM DIRECTOR: Please sign and date Part 4 and return this form to the student who will submit it to the Registrar's Office.

PART 1: (To be completed by the Student)

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ (LAST) (FIRST) (MI)

Rensselaer ID #: \_\_\_\_-\_\_\_\_-\_\_\_\_

E-mail: \_\_\_\_\_ Day phone: \_\_\_\_\_

Term/Year: Fall \_\_\_\_ yr Spring \_\_\_\_ yr Summer \_\_\_\_ yr Session 1 \_\_\_\_ Session 2 \_\_\_\_ Session 3 \_\_\_\_

Subject Code (e.g. CIVL, MATH): |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Course Number: |\_|6|\_|9|\_|4|\_|0| or |\_|4|\_|9|\_|4|\_|0| (Circle One)

OFFICE USE ONLY
CRN#: \_\_\_\_\_

Course Title: \_\_\_\_\_

(MAXIMUM 30 CHARACTERS INCLUDING SPACES AND PUNCTUATION)

Number of Credit hours for this independent study \_\_\_\_\_

Part 2: (To be completed by the Instructor)

Print Instructor's Name: \_\_\_\_\_ (Last name, first, initial)

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Part 3: (To be completed by the student's advisor)

Print Thesis/Research Advisor Name: \_\_\_\_\_ (Last name, first, initial)

Thesis/Research Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Part 4: (To be completed by the student Graduate Program Director)

Print Graduate Program Director Name: \_\_\_\_\_ (Last name, first, initial)

Graduate Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_