Center for Experimental Humanities at NYU

DIRECTED READINGS/MASTER’S THESIS RESEARCH APPLICATION FORM

Student Name: ________________________________
ID #: _______________________________________
Email: _______________________________________
Phone: _______________________________________

Type of Project (circle one): Directed Readings Master’s Thesis Research

Number of Credits (1-4): ________________ Semester: ________________

Advisor: ______________________________________
Dept/School: _______________________________
Campus Address: ________________________________

Office Phone: _______________________________
Email: _______________________________________

Advisor Signature ___________________________________ Date ________________

Description of Project (DR) or Abstract (MA)
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CEH Approval: ______________________________ Date: _________________