

APPLICATION FOR INDEPENDENT STUDY
Directed Readings/Master's Thesis Completion [AMST-GA 3309]

Name _____ N # _____

INSTRUCTIONS: As of Fall 2009, students must complete this form in order to register for independent study. ♦ Please complete the form in consultation with the instructor you intend to take the independent study, and return the completed form to the Graduate Assistant. You will require DGS approval prior to obtaining a registration access code. ♦ Please note that the independent study should be as substantial as regularly scheduled course, or it will not be approved. ♦ Not applicable during first year and a half of study. ♦ Students do NOT need to complete this form for registration of a 1pt reading course used to compensate 3pt consortium courses. ♦ Instructor must inform DGS by end of the term whether student has fulfilled necessary requirements. ♦ APPLICATIONS ARE DUE ONE WEEK PRIOR TO THE FIRST DAY OF CLASSES.

Term (circle one): FALL SPRING SUMMER Year: 20_____

Instructor: _____

Please provide a brief description of proposed independent study:

Please provide a schedule of meetings with the Instructor:

NEW YORK UNIVERSITY
ARTS & SCIENCE

DEPARTMENT OF SOCIAL AND CULTURAL ANALYSIS
AMERICAN STUDIES PROGRAM

List of proposed readings (if applicable):

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

TO BE COMPLETED BY INSTRUCTOR – Please provide a specification of writing requirements and criteria for grading:

I have previously registered for an independent study course: YES NO

If YES, which semester taken/instructor?: _____

Student Signature _____

Instructor Signature _____

I have reviewed and approve the application for independent study.

DGS Signature _____

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