



UTICA COLLEGE

School of Arts and Sciences

Independent Study

Permission to Register

TO THE REGISTRAR:

Student ID: _____

_____ has permission to register for the following
(print name of student)

independent research project:

(Credit)

(Print department name and number)

Semester: _____

20 _____

Supervisor's Signature

Date

Chair's Signature

Date

Dean's Signature

Date

Registration completed:

Recorder's Signature

Date

Study Plan and Contract

Student _____

Faculty Supervisor _____

(Catalog name and number, and descriptive title of project)

Semester _____ 20____ Credit Hours_____

Goals:

Methods:

Means of Evaluation by the Faculty Supervisor:

(Student's signature)

(Date)