

Application for Independent Study

The College of Saint Rose

Student's Name _____ Major _____

Student ID Number (Required) _____ Number of Credit Hours _____

Title of Independent Study _____

substitution for which program requirement _____
(if applicable)

Departmental Prefix _____ / 499 ± Undergraduate
_____ / 598 ± Graduate

Semester _____

A clear, substantiated and detailed description of the project must be attached to this application. The description should include the following: (1) aims of the study, (2) content of

--

