



Enrolled Student \_\_\_

Copy of form scanned into ImageNow

\_\_(Advisor initials)

OFFICE OF UNDERGRADUATE ADVISING TISCH HALL 40 WEST FOURTH STREET, SUITE 616

NEW YORK, NY 10012-1118 TEL: 212-998-4020 FAX: 212-995-4000

## INDEPENDENT STUDY AUTHORIZATION

Name							
Manie							
Studer	nt ID						
	Important Guidelines for Independent Study						
•	Independent studies projects should only be sponsored by full-time faculty and are only for Stern students. Any exceptions to the above policy should be made by the Dean's Office.						
•	Independent studies are voluntary for both faculty and student.						
•	of the Semester for which the Inde	dependent studies require a written proposal of study prepared by the student and signed by the faculty prior to the star the Semester for which the Independent Study credit is requested. The proposals will be presented to the departmenta air or deputy chair and require his/her written approval					
•		ependent study courses are intended to allow students to study material not included in courses at Stern, as a nplement to carefully designed programs of study.					
•	Independent studies may be for one (1), two (2), or three (3) credits, depending on the workload. A three (3) credit independent study should have an intellectual load equivalent to a regular, three (3) credit course, as determined by the faculty.						
•	A grade should be assigned at the completion of the study.						
•	The maximum number of credits from all independent studies should not exceed three (3) credits for any given student.						
•	Independent studies do not involve course credit for the volunteer instructor.						
•	Independent studies may not be used to give credit for work experience, including paid or unpaid internships.						
•	Students must have a 3.3 cumulative GPA to be eligible for independent study. Independent studies are open to juniors and seniors with departmental approval. <i>Please note: Certain departments, such as finance, restrict this option only to seniors</i>						
•	Upon approval by the departmental chair/co-chair, the student must submit this form to the Undergraduate Office of Advising for registration purposes.						
	Requested Term and Year		Number of Credits			Department	
Fall	Spring   Summer   Ye	ar	1.0 🗆	2.0 □	3.0 □		
Brief D	escription of Independent	Study:					
Student Name: Signature:		Signature:				Date:	
Professor Name: Signa		Signature:	ure:			Date:	
Department Chair/Co-Chair Name: Signatur		Signature:				Date:	
For Offic	e Use Only:						

\_(Advisor initials)