

## INDEPENDENT RESEARCH - APPLICATION

Students may elect to register for Independent Research with the permission of a full-time faculty member. They may receive a maximum of three (3) credits toward graduation; however, they may receive no more than two (2) credits in any one semester. Please refer to the Independent Research section of the "Student Handbook" for specific academic regulations governing independent coursework.

**Instructions:** Please fill out this form and obtain the signature of the supervising faculty member. Once the faculty supervisor has signed the form, please email it to the Dean's Office at deansofficecardozo@yu.edu. If approved, it will be returned to the Registrar's Office and you will be notified by email that it has been approved.

## **Please Print Legibly**

Name: Student I.D #:			
Address:Number & Street	City	State	Zip
Home Phone #: ()	Cell Phone #: (	()	
Email address:			
Faculty member supervising this ind	lependent research:		
Subject area of research:		·	
My independent research will be for	(check one):	Credit2	Credits
The semester for my research will be	e (check one): Fa	all S	pring
Please Note: Students are limited to an independent research project are			er. Credits earned in
Student Signature:	1	Date:	<del></del>
	Do not write below this lin	e	
Signature of Faculty Member:		Date	e:
Signature of Vice Dean:		Date	e: