

2025-26 Graduate Level Independent Study

Student: Please fill out form electronically including typing your name in the Student Signatures field, then send it to the CHST scheduling officer (aljldc@rit.edu) for processing & enrollment.

Name: _____

UID: _____ Phone Number: _____

Email: _____ Major: _____

Course Number:

Faculty Sponsor Name: _____

Title of Proposal: _____

Online

In-person

Blended

Semester:

Session:

Number of Credit Hours:

1. Objective(s):

2. What will be done in this Independent Study and how will it be done?

3. Method of Evaluation and Deliverables:

Student Signature: _____ Date: _____

Send completed form to aljldc@rit.edu for approvals and course enrollment.

APPROVALS

Faculty Sponsor: _____ Date: _____

Department/School Head: _____ Date: _____

Office Use Only: Class Number

Course/Section Number

Registered

04/15/2025