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*Independent Research/Independent Study*

**This form must be computer printed. Hand written forms will be returned to students unprocessed.**  
 Please complete this form, print, obtain the relevant signatures, and email to the scheduling officer, Heidi Davis (hmdgla@rit.edu), to be registered for the course.

_____ UID Number	_____ Date
_____ Student Name	_____ Phone
_____ Major	_____ Email
_____ Course Number	_____ Department
_____ Title of Proposal	_____ Faculty Sponsor

\_\_\_\_\_  
Credit Hours\_\_\_\_\_  
Term Date

FALL

SPRING

SUMMER

EXSC-599 Exercise Science Independent Study

MEDS-290 Biomedical Research – lower level

MEDS-299 Independent Study – lower level

MEDS-510 Biomedical Research – upper level

MEDS-511 Interdisciplinary Research

MEDS-599 Independent Study – upper level

NUTR-599 Nutrition Independent Study

1. Objective:

2. Description of proposal:

3. Method of Evaluation:

4.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean Signature

\_\_\_\_\_  
Date