

2024-25 Undergraduate Level Independent Study/Independent Research

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

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/Research and how will it be done?

3. Method of Evaluation and Deliverables:

Student Signature: _____ Date: _____

APPROVALS

Faculty Sponsor: _____ Date: _____

Department/School Head: _____ Date: _____

Office Use Only: Class Number

Course/Section Number

Registered

06/11/2024