



New York University
A private university in the public service

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Independent Study Proposal

For permission to register for Independent Study students must complete this form with the instructor and have it signed by the Director of Undergraduate Studies. This form confirms the agreement between the student and instructor regarding the requirements for the independent study.

Name _____ Student ID# _____

Local Address _____ Major(s) _____

_____ Instructor _____

Telephone _____ Estimated Contact Hours _____

(Standard 28 for 4-credit study – 2 hours per week)

E-mail Address _____

Term: Fall
 Spring
 Summer

No. of Credits: 2
 4

Year: _____

Description of Study:

Student Signature

Date

Instructor Signature

Date

Approved _____
Director of Undergraduate Studies