



NEW YORK CITY COLLEGE OF TECHNOLOGY

Office of the Registrar
300 Jay Street, Brooklyn, NY 11201
Telephone (718) 260-5800

APPLICATION FOR INDEPENDENT STUDY

Before completing this form, review regulations for independent study in the current college catalogue and discuss your plans with your faculty supervisor. Incomplete applications will not be considered. Applications must be filed by December 15 (spring semester) May 15 (fall and summer). No exceptions.

EMPLID: _____

Term Applying for: Fall Spring Summer Year: _____

Last Name: _____ First Name: _____

Email: _____ Phone: _____

Credits Completed: _____ GPA (3.0 Min. Required): _____ Major: _____

Project Title: _____ Credit Amount: _____

I understand that upon completion of the independent study, I will present a seminar, open to the college community, along with the final report on the research at the end of the term.

Student Signature: _____ Date: _____

In the absence of a written signature: submission of the form to your faculty supervisor using your campus email will suffice.

An independent study complete application must include the following materials:

1. A proposal of one or more paragraphs in length that clearly describes the intended objectives of the study, including anticipated procedures to attain those objectives. This description should be addressed to a non-specialist reader. A relevant bibliography must be included.
2. A statement clearly specifying the expected role of the faculty supervisor in this study (frequency / purpose of meetings with supervisor, anticipated laboratory, studio, or field assistance, etc).
3. A timeline clearly outlining your obligations in this study (preparation for meetings with supervisor, paper type and length, lab notebook, portfolio or finished products, anticipated deadlines, etc).
4. A statement clearly describing how the study will be evaluated – the assessment rubric (tests, papers, laboratory notebook, dance production or a talk, quality and quantity of art work).
5. A one-paragraph evaluation of the usefulness of the project by the faculty supervisor.
6. The signed application form submitted to the faculty supervisor for consideration by due date.

Faculty Supervisor of independent study: _____ Date: _____

Off-campus supervisor (if applicable): _____ Date: _____

Dept. or Program Chairperson: _____ Date: _____

Academic Dean: _____ Date: _____

Registrar's Office: _____ Date: _____

