**UNDERGRADUATE INDEPENDENT STUDY FORM**
Creative and/or Research Activity Petition

**INSTRUCTIONS:**
- Print off this form. Fill out and return to the CDS Dept., 122 Cary Hall for processing.
- The form must be approved and signed by your Independent Study course instructor by the end of the first week of classes.
- A copy of the Independent Study Agreement will be filed in the CDS Dept. file and become part of the student’s permanent academic record. Final decisions are e-mailed to you.
- Use of undergraduate courses (below the 400 level) as the criteria for creating an informal graduate course, is strictly prohibited.
- If the Independent Study Agreement is filed electronically, some indication of acceptance of the agreement from both the instructor and the student needs to be attached.

**PETITION TO ENROLL:**

<table>
<thead>
<tr>
<th>CDS Course No.</th>
<th>S Digit Reg. No.</th>
<th>Course Title</th>
<th>Section</th>
<th>Credit Hours</th>
<th>Semester</th>
<th>Year</th>
<th>Name of Instructor</th>
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<tbody>
<tr>
<td>CDS 497</td>
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<td>CDS 498</td>
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<td>CDS 499</td>
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**PURPOSE OF STUDY:** Intended learning outcome/course objectives. (Additional space on back of form)

List minimum of 3 pertinent readings associated with this Independent Study:
1. 
2. 
3. 

Method(s) of assessment in which study will be accomplished:

<table>
<thead>
<tr>
<th>Literature Survey</th>
<th>Laboratory</th>
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<tbody>
<tr>
<td>Observation / Participation</td>
<td>Scientific Inquiry</td>
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</table>

Tentative Schedule: RE: When and how often the student and instructor will meet? **To be determined.**

Anticipated Completion Date: ________________________

Grading Type: ________________________

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<tr>
<th>PASS / FAIL</th>
<th>LETTER GRADE</th>
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Academic Standing:

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<tr>
<th>JUNIOR</th>
<th>SENIOR</th>
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Student Name: (print) ________________________

Person Number ________________________

Current Address: (# and Street, or Dormitory) ________________________

City ________________________

State/Province ________________________

Zip ________________________

Country (If not USA) ________________________

E-Mail (UBIT) ________________________

@buffalo.edu Major Dept.: ________________________

Student’s Signature: ________________________ Date: ________________________

Faculty Sponsor’s Signature: ________________________ Date: ________________________

Communicative Disorders and Sciences Dept., 122 Cary Hall, Buffalo, NY 14214 Phone: (716) 829-2797 Fax: (716) 829-3979 E-mail: cdsdept@buffalo.edu
S:CD/Lamilia/Admin7/Forms
COURSE DESCRIPTIONS

**CDS 497**  
**Departmental Honors Thesis or Project**

Accepted seniors pursue a specialized, independent study leading to an honors thesis or project.

Graded A-F, 3 Credits, or Pass/Fail  
Typically Offered: Fall, Spring

**CDS 498**  
**Undergraduate Research & Creative Activity**

Students collaborate with faculty research mentors on an ongoing project in a faculty member’s laboratory or conduct independent research under the guidance of a faculty member. This experience provides students with an inquiry-based learning opportunity and engages them as active learners in a research setting.

Graded A-F, 3 Credits, or Pass/Fail  
Typically Offered: Fall, Spring

**CDS 499**  
**Independent Study**

Individualized student work under the guidance of a faculty member, intended to pursue topics that are not currently offered through regular coursework at the university.

Graded A-F, 3 Credits, or Pass/Fail  
Typically Offered: Fall, Spring

Additional Comments: