

## ***Approval for Independent Study***

Students wishing to enroll in an Independent Study at the graduate or undergraduate level are required to develop a specific research proposal and secure a signature from the faculty member under whose guidance the student wishes to study. Please fill in all areas of this form and return it to 910 Clemens Hall or via email at [rl-info@buffalo.edu](mailto:rl-info@buffalo.edu) for processing. The Department will register you for the appropriate Independent Study section and will send you a confirmation email. Please also check HUB to verify registration.

### **Section 1 – To be completed by student**

1. Semester: (Check on and indicate year) ☐ FALL      ☐ SPRING      ☐ SUMMER \_\_\_\_\_  
Year

2. Student's Name: \_\_\_\_\_

3. Person Number: \_\_\_\_\_ 4. E-mail \_\_\_\_\_@buffalo.edu

5. Faculty Name: \_\_\_\_\_

6. Course Info: (Check One)      ☐ FR      ☐ SPA      ☐ ITA      ☐ Other: \_\_\_\_\_

7. Course Number: \_\_\_\_\_ **AND** Class Number \_\_\_\_\_  
e.g. SPA 600      e.g. 12345

8. Objective of IS (Please include statement on quantity of work to be done, number of meetings, papers written, etc.)

### **Section 2 – To be completed by faculty member**

1. Please indicate the number of credit hours student is approved for: \_\_\_\_

2. Comments (If student is using Independent Study in lieu of another course, please indicate course number.)

### **Section 3 – Signatures**

Signatures: \_\_\_\_\_  
Student      Faculty

Date: \_\_\_\_\_  
mm/dd/yyyy      mm/dd/yyyy

**Office Use:** Registration entered and email sent (Date): \_\_\_\_\_ Signature: \_\_\_\_\_