

## Independent Study or Directed Reading Proposal

Complete this form and return to the Office of the Registrar (Jernigan 101)  
prior to the end of the add/drop period. In addition to completing this form, you **must also complete**  
**a Registration or Change of Schedule form** to complete the registration process for this course!

Name \_\_\_\_\_ Queens ID #: \_\_\_\_\_

Phone \_\_\_\_\_ e-mail: \_\_\_\_\_

Term \_\_\_\_\_ Year \_\_\_\_\_

Course Number (eg, HIST450 A or N) \_\_\_\_\_ Credit Hours \_\_\_\_\_

Instructor \_\_\_\_\_

Subject of Independent Study or Directed Reading:

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\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Instructor Signature Date

\_\_\_\_\_  
Department Chair Signature Date

\_\_\_\_\_  
Advisor Signature Date

\_\_\_\_\_  
Dean Signature Date

**TO BE COMPLETED BY STUDENT:**

Purpose of study:

Preparatory study prior to project:

Schedule for proposed study (when will you meet with the instructor?):

Plan for final evaluation:

Attach a bibliography.

**INSTRUCTOR COMMENTS:**