The City College of New York
Office of the Registrar
Wille Administration Building, A-102
160 Convent Avenue
New York, NY 10031

MS
Advanced Study
V9203 (1 cr)
V9201 (2 cr)
V9204 (3 cr)
V9202 (4 cr)
Thesis Research
B9901 (3 cr)
B9902 (3 cr)

Please leave requested by C. Stefano & send it back to cklusko@ccny.cuny.edu in the bio office.

REQUEST FOR INDEPENDENT STUDY

To be completed by Department

DATE:_____ SEMESTER:_____

STUDENT NAME:_____ _____ _____
FIRST M.I. LAST

STUDENT EMPL ID:_____

DEPARTMENT:_____

COURSE ACRONYM & NUMBER:_____ CREDITS:_____

PLEASE INDICATE WITH A CHECK MARK BELOW IF THE STUDENT IS UNDERGRADUATE OR GRADUATE.

UNDERGRADUATE: ☐ OR GRADUATE/DOCTORATE: ☐

COURSE TITLE:_____

INSTRUCTOR NAME:_____

INSTRUCTOR EMPL ID:_____

REQUESTED BY: C. Stefano

TELEPHONE #: 2126506802 EMAIL: cklusko@ccny.cuny.edu

To be completed by the Scheduling Office **Date Received by Office:** _____

COURSE NUMBER:_____ SECTION:_____

CLASS NUMBER :_____ DATE:_____

PROCESSED BY: _____