



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

REQUEST FOR INDEPENDENT STUDY

To be completed by Department

DATE: _____ SEMESTER: _____

STUDENT NAME: _____

FIRST

M.I.

LAST

STUDENT ID: _____

DEPARTMENT: _____

COURSE ACRONYM & NUMBER: _____ CREDITS: _____

COURSE TITLE: _____

INSTRUCTOR NAME: _____

INSTRUCTOR ID: _____

REQUESTED BY: _____

TELEPHONE #: _____ EMAIL: _____

.....
To be completed by Registrar's Office

COURSE NUMBER: _____ SECTION: _____

COURSE CODE: _____ DATE: _____

PROCESSED BY: _____