UNIVERSITY OF ROCHESTER
THE COLLEGE

APPROVAL OF GRADUATE READING/INDEPENDENT STUDY COURSES

NAME _____ **DATE** _____

STUDENT ID NUMBER _____ **SEMESTER** _____

DEPT. _____ **DEPT. #** _____ **COURSE #** _____ **CREDIT HOURS** _____

NOTICE TO STUDENTS: Restrictions on the number of credits that you may earn through reading and Independent study courses are documented in the current Graduate Bulletin.

DESCRIPTION: Describe below the course for which you are requesting approval. Include the objectives of the course, the nature of the readings or projects involved, and the basis for evaluating your work. Submit this request, properly signed, and the appropriate registration form to the Associate Dean for Graduate Studies, Lattimore 317, for approval.

COURSE TITLE:

COURSE DESCRIPTION:

BASIS FOR EVALUATION:

NOTICE TO INSTRUCTOR: Your signature is required to indicate your willingness to supervise the work of the student as outlined above and to show your endorsement. Instructors normally must have full-time faculty appointments at the University. Part-time instructors must complete all necessary arrangements with the department chairman before agreeing to offer such a course.

Signature of Instructor _____ **Date** _____

Instructor Name (print) _____

Other students doing essentially the same work:

1. _____ **2.** _____ **3.** _____

NOTICE TO CHAIRMAN: Your signature shows approval of the substance of the proposed work, both in terms of quality and relevance to the department's program. It also attests to your belief that the instructor is competent to teach this subject to students by the methodology outlined above.

Signature of Chairman _____ **Date** _____

Dean's Approval _____ **Date** _____