



Office of the Registrar

# Independent Study Request Form

Borough of Manhattan Community College  
The City University of New York  
www.bmcc.cuny.edu

199 Chambers Street, S315  
New York, NY 10007-1097  
tel. 212 220-1290  
fax. 212 220-1254

### Important Information:

1. Independent Study courses must be approved first by the department chair or deputy and then by the Dean of Academic Affairs or Provost.
2. **This form must be submitted no later than the end of the first week of classes.**

### Term/Session Information

Fall 20_____	Winter 20_____	Spring 20_____	Summer 20_____
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### Student Information

_____ <b>CUNYfirst ID #</b>	
_____ <b>Student Last Name</b>	_____ <b>Student First Name</b>

### Course Information

_____ <b>Course Subject</b>	_____ <b>Course Number</b>
<b>Is this course Writing Intensive?</b>	
Yes	No
<b>Course Meeting Days/Times:</b> _____	
<b>Instructor:</b> _____	

### *Approvals*

Department Deputy or Chairperson Approval : \_\_\_\_\_

Dean of Academic Affairs or Provost Approval: \_\_\_\_\_

**Registrar's Office Updated by:** \_\_\_\_\_ **Date:** \_\_\_\_\_