NYU | COURANT

Department of Computer Science

Courant Institute of Mathematical Sciences
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Master's Independent Study Authorization Form

Student Information	
Name: (Last, First)	**University ID #** N__ __ __ __ __ __ __ __

Independent Study Information	
Term & Year Term:_____ Year: _____	**Number of Credits:** _____

Brief Description of Independent Study:

SIGNATURES		
Student Name:	Signature:	Date:
Professor Name:	Signature:	Date:
DGS Name:	Signature:	Date:

IMPORTANT GUIDELINES FOR INDEPENDENT STUDY

❖ Students must arrange to work on independent study projects under the direction of a full-time Department of Computer Science faculty member.

❖ Students should submit this form, after it is completed and signed off on by the professor, to their advisor, either Betty Tsang (betty.tsang@nyu.edu) or Cristina Domingo (cdomingo@cs.nyu.edu) via email.