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 Jennifer Conlan Darlington in CIWW 324 or Katie Laugel in CIWW 326.