

PROPOSAL FOR INDEPENDENT STUDY/RESEARCH PROJECT

Students must receive approval prior to enrolling in an independent study or research project. Registration follows the same deadlines of the regular add/drop period. Work must be completed within one calendar year, after which an Incomplete (INC) grade is reflected on the transcript and no academic credit is awarded.

Please complete this form and obtain all required signatures. Once approved, submit the form to the Office of the University Registrar in Bergami Hall, or scan and email to registrar@newhaven.edu.

Last Name:	First Name:	
Student ID:	Email Address:	@unh.newhaven.edu
Registration Term:		
Level: □ Undergraduate □ Graduate		
Department:	_	
Course Number:	Number of Credits:	_
Enter a short description of independent st	udy or research project:	
By signing this form I acknowledge that I will associated tuition and fees.	ll be registered for this course and ar	n responsible for payment of ar
Student Signature:	Date:	
Dlagra ob	tain the required signatures below.	
	uun me requirea signatures betow.	
To be completed by the Project Advisor:		
	Signature	Date
Print Name	Signature	Date
	Signature	Date
	Signature	Date
Print Name To be completed by the Department Chair: Print Name	Signature Signature	Date Date
To be completed by the Department Chair: Print Name	Signature	
To be completed by the Department Chair: Print Name	Signature	
To be completed by the Department Chair:	Signature	