## **INDEPENDENT GRADUATE STUDY COURSE REGISTRATION FORM**

This form is to be used to register for **Math 597**.

## **Form Instructions**

Student: Please fill out the form and forward it to your instructor.

Instructor: Please forward the completed form to <a href="mathchar:">mathoffice@binghamton.edu</a> with your approval. If you don't approve, notify the student.

B#:	Date:
Name:	E-Mail:
Math <u>597</u>	Credit Hours:
Grade Option:Normal	P/F orS/U
Action to be taken:Add	ChangeDrop
Year: Sem	ester:FallSpringSummer
Are you taking a course fo	r your independent study? If so, what course: Math
***If taking a course, pleas	e include the course number in your title
Title of Independent Study	: Example: Math 507 Linear Algebra <mark>(Limit 30 characters)</mark>
Instructor signature:	
Instructor Use Only	
Instructor Approval:	Yes No Date:
For Math Office Use Only	
Section Code:	CRN