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 mathoffice@math.binghamton.edu with your approval. If you don’t approve, notify the student.

B#: ___________________   Date: ________________
Name:___________________   E-Mail: ______________________
Math 597                     Credit Hours: ______

Grade Option:  __Normal   __P/F  or  __S/U
Action to be taken:  __Add   __Change  __Drop

Year: _____  Semester:  __Fall  __Spring  __Summer

Are you taking a course for your independent study? If so, what course: Math______

***If taking a course, please include the course number in your title
Title of Independent Study: __________________________________________
Example: Math 507 Linear Algebra   (Limit 30 characters)

Instructor signature: ________________________________

Instructor Use Only
Instructor Approval:  [ ] Yes  [ ] No  Date: ________________

For Math Office Use Only
Section Code: _________  CRN _________