



New York University

A private university in the public service

Courant Institute of Mathematical Sciences

Department of Computer Science

Master's Independent Study Authorization Form

Student Information		
Name: (Last, First)		University ID # N _ _ _ _ _
Independent Study Information		
Term & Year		Number of Credits:
Term: _____ Year: _____		_____
Brief Description of Independent Study:		
SIGNATURES		
Student Name:	Signature:	Date:
Professor Name:	Signature:	Date:
DGS Name:	Signature:	Date:
IMPORTANT GUIDELINES FOR INDEPENDENT STUDY		
<ul style="list-style-type: none"> ❖ Students must arrange to work on independent study projects under the direction of a full-time Department of Computer Science faculty member. 		