



Office of the Registrar
160 Herrick Road, Room 313, Newton Centre, MA 02459
617-559-8642 Phone 617-559-8601 Fax

PROPOSAL FOR INDEPENDENT STUDY

Name of Student: _____ ID # _____

Title of Independent Study: _____

Semester: _____ Academic Year: _____ Degree Program: _____

Discipline area (please check one)

- Bible
- Cantorial
- Education
- Hebrew language
- History
- Literature
- Interdisciplinary
- Jewish Thought
- Liturgy
- Music
- Rabbinics

State the curriculum and goals of the proposed project below or attach formal syllabus/bibliography

List course requirements (written work, or other assignments required of the student)

Number of meetings with instructor over the course of the semester: _____

Proposed Number of Credits: _____ Letter Grade Pass/Fail Grade

NAME OF INSTRUCTOR: _____

Signature of Instructor of Record: _____ Date: _____

Signature of Student's Advisor: _____ Date: _____

Approval of Dean of Program: _____ Date: _____

For Office use only: Course # _____

Please submit this form to the Registrar's Office for approval