

Graduate Independent Study/Research Contract

Graduate Studies, 6th Floor Maytum

Phone: 716-673-4971 Fax: 716-673-3249 Email: gradstudies@fredonia.edu

This form and attachments should be completed when a graduate students wishes to pursue an independent study, or research for credit with a faculty mentor.

Please complete this form and return to Graduate Studies

COMPLETE ALL REQUESTED INFORMATION AND OBTAIN ALL REQUIRED SIGNATURES

Legal Name:	Fredonia ID Telephone:		
On Campus Address:			
Permanent Address:			
Street	City	State	Zip
Faculty Mentor	Department		
Number of Credits	Semester/Year to be con	mpleted	
research with human subjects requires Human Subsponsored Programs website. Please attach a document which clearly addresses -Description and rationale of the independ -Study activities and anticipated outcomes -Method of evaluation (attach a brief syllah -Explanation of graduate level activities to	the following: ent study or research project ous)	at process can be	found on the
Additional Comments:			
REQUIRED SIG	GNATURES by the following of	ffices:	
Office Name & Location	Signature		Date
Student's Signature			
Faculty Mentor/Instructor's Signature			

SUNY Graduate Studies Maytum Hall, 6th Floor Fredonia, New York 10.2.18

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Advisor's Signature

Associate Provost for Graduate Studies,

graduatestudies@fredonia.edu www.fredonia.edu/GradStudies