DEPARTMENT OF PUBLIC ADMINISTRATION AND POLICY

COLLEGE OF COMMUNITY AND PUBLIC AFFAIRS

PAFF/SUST 597/697 Independent Study
Course Registration Form

Date: _____

Name (Please Print): _____ B#: _____

Student Signature: _____

Phone #: _____

Email: _____

Semester/year: Fall 20____ Spring 20____ Summer 20____

Number of credits: _____

Grading Option: Normal Pass/Fail or Satisfactory/Unsatisfactory

Title of Independent Study _____

(Limit of 30 characters)

Instructor (Please Print): _____

Instructor signature: _____

Email completed form to DPAP@binghamton.edu

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