

The City University of New York

CUNY SCHOOL OF LAW

Law in the Service of Human Needs

INDEPENDENT STUDY REGISTRATION FORM

Name:CUNYfirst ID:

Student's Signature: Date:

Semester:

Number of Credits (1-3): Model: A B C

Class: 2LFT 2LPT 3LFT 3LPT 4LPT

Description of Research Project:

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Description of Written Work Product Required:

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Name of Faculty Supervisor:

Signature of Faculty Supervisor:Date:

Please indicate how many credits you earned in each of these non-classroom courses

- ___ Law Review
- ___ Moot Court
- ___ Teaching Assistant
- ___ Independent Study
- ___ Public Interest/Public Service (counts as 1.5 cr.)
- ___ Total (note credit limits in Student Handbook)

Signature: _____

Academic Dean

Date: _____

Signature: _____

Director of Academic Advising Signature

Date: _____



Office of Registration and Student Records Management
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