

**BINGHAMTON UNIVERSITY
SCHOOL OF MANAGEMENT**

**INDEPENDENT STUDY AGREEMENT
(Mgmt 497/Acct 497)**

NAME: _____ **B#** _____

INDEPENDENT STUDY TITLE: _____

Credit Hours Requested: _____ **Total # of Credit Hours To Be Carried During Semester:** _____

Grading Option: Letter _____ P/F _____ (Letter grade requires approval by Dean's Office)

PURPOSE/LEARNING OBJECTIVES:

METHODS TO ACHIEVE ABOVE:

EVALUATION:

Student Signature: _____ **Date** _____

Faculty Supervisor's Approval: _____ **Date** _____

School of Management Approval: _____ **Date** _____

Note: A total of 8 credit hours of independent study/internship/teaching practicum, may count toward degree requirements.

This form and the gold registration form are to be completed and signed by the faculty member and student and then submitted to SOM Advising for approval and registration. It is the student's responsibility to follow the add/drop dates as published by the University.