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	Date:			
INDEPENDENT READING FORM				
Semester/Year: Spring  Number of credits:	Summer Fall	Year:		
I have agreed to supervise and gra	de an independent reading pı	roject for this stud	lent.	
Name of Full-Time Professor (Pleas	se Print Clearly)	Signature of Full-	Time Professor	
To be completed by the Student				
Last Name:	First Na	ame:		_
University ID:				
NYU Email Address:	@nyu.e	<u>edu</u>		
Mailing Address:				
	City	State	Zip Code	
Telephone (Day):				

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