

Date: \_\_\_\_\_

### INDEPENDENT READING FORM

Semester/Year: ☐ Spring ☐ Summer ☐ Fall Year: \_\_\_\_\_

Number of credits: \_\_\_\_\_

I have agreed to supervise and grade an independent reading project for this student.

\_\_\_\_\_  
Name of Full-Time Professor (Please Print Clearly)

\_\_\_\_\_  
Signature of Full-Time Professor

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To be completed by the Student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

University ID: \_\_\_\_\_

NYU Email Address: \_\_\_\_\_@nyu.edu

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Telephone (Day): \_\_\_\_\_

\*\*\*Please scan and email completed form to [wagner.academicsservices@nyu.edu](mailto:wagner.academicsservices@nyu.edu) \*\*\*