NYU WAGNER

Independent Reading Form

INSTRUCTIONS

- Independent Readings must be approved and supervised by a full-time faculty member and should be arranged well in advance of the start of the requested term.
- Students must first meet with the sponsoring full-time faculty member submit their proposal of study before completing this form. Please submit your proposal when completing this form.
- Once the form is completed and signed, please scan and email the form (plus additional required information) to Wagner Academic Services (wagner.academicservices@nyu.edu). Make sure to keep a copy of this form for you records.
- Wagner Academic Services will process the form and register you for the Independent Reading a 2-3 business days.

STUDENT INFORMATION

Univ ID: (found on the back of your NYU ID card)	N __ __ __ __ __ __ __ __	**Name** *(Last, First, M.I.):*	_____

Degree/Program ☐ MPA/PNP ☐ MPA/Health ☐ Executive MPA ☐ MUP ☐ Other: _____

NYU Email Address: _____@nyu.edu (Net ID)

Phone Number: (_____)_____-_____

INDEPENDENT READING EXPLANATION

Semester Requesting Independent Reading:	☐ Spring	☐ Summer	☐ Fall	Year: _____	# of credits: _____

Brief description of Independent Reading: (or attach supporting documentation)	

Important Guidelines for Independent Readings:

- Independent Readings can only be requested by matriculated MPA or MUP students.
- Independent Readings are approved if a course is canceled or not offered when the student can take it because the instructor is on sabbatical or cannot teach that course for other reasons.
- Independent Readings may be 1.5 or 3.0 credits, depending on the workload. An Independent Reading should comparable to that of a traditional course of the same value, as determined by the sponsoring full-time faculty member.
- Independent Reading will be listed as "Independent Reading" on the student's transcript.
- A grade must be assigned at the completion of study, as per the NYU grading policy: University Grading Policy

STUDENT SIGNATURE

I have read and understand the above terms pertaining my Independent Reading request

Student Signature: _____ Date: _____

FACULTY INFORMATION

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

Faculty Name (Please Print Clearly): _____

Faculty Signature: _____ Date: _____