INDEPENDENT STUDY
PROJECT APPLICATION

(please print clearly)

Last Name   First Name   Cornell ID

Undergraduate Student or Graduate Student

<table>
<thead>
<tr>
<th>Number of Credits:</th>
<th>Grade Option</th>
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<tbody>
<tr>
<td>1</td>
<td>Letter</td>
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<tr>
<td>2</td>
<td>S/U</td>
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Students have the option of conducting an independent study project in any academic area of the School of Hotel Administration. The number of credit hours for such projects will be arranged on an individual basis. Note that students are committed to a specific number of hours of independent academic work per week per credit hour, and such work must be performed in the term for which the student has duly registered for the independent study. The usual add/drop policy applies, and retroactive credit for work commenced after an academic term has ended is not permitted.

Projects are conducted under the direction of a SHA faculty member, and regular, frequent consultations are mandatory.

Academic credit may not be earned for independent study when the equivalent material is offered in a regular course. Credit cannot be earned for teaching assistant work.

** Up to 3 independent study credits may fulfill HADM elective requirements for the B.S. degree. Any additional will be noted as free electives. **

I am aware of and understand the above regulations and responsibilities regarding independent study.

Student Signature: ____________________________________________________________________________  NetID  Today's Date

Title of Project: ____________________________________________________________________________

Describe the scope and purpose of your project, and learning outcomes and course goals. ____________________________________________________________________________

_________________________________________________________________________________________

What reading assignments or deliverable will be used for this project? ____________________________________________________________________________

I, ______________________________________________________________________________________ agree to supervise the independent study project of this student.

Faculty Sponsor's Name (printed)  Faculty Sponsor's Signature: ____________________________________________________________________________  Date

Office of Student Services
180 Statler Hall
Ithaca, NY 14853

Contact us: (607) 255-6376
Advising: ha-advising@cornell.edu
Registrar: ha-registrar@cornell.edu

Updated 7/2017