



YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Individual Study Course Information Form

To be completed by the student (please save before printing):

Name: _____
Last First

SID: _____
9 digits, starts with 9, see ID

Department: _____

Term: Fall Spring Year: _____

Year of Study (current): _____

Mailing Address: _____
Street City State Zip Code

Email: _____ Phone: () ____ -- _____

1. _____
Dept. # (e.g. HIST 500) CRN (5 digits) Course Instructor

Special Title of the Course (if applicable)

Please limit title to 24 characters, including blank spaces

Note: Abbreviate title as you would like it to appear on your transcript

2. _____
Dept. # (e.g. HIST 500) CRN (5 digits) Course Instructor

Special Title of the Course (if applicable)

Please limit title to 24 characters, including blank spaces

Note: Abbreviate title as you would like it to appear on your transcript

Student Signature Date

To be completed by the Director of Graduate Studies:

I approve the course schedule change(s) indicated above.

Director of Graduate Studies Signature Date