



**YALE UNIVERSITY**  
**GRADUATE SCHOOL OF ARTS AND SCIENCES**  
*Individual Study Course Information Form*

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

Name: \_\_\_\_\_ SID: \_\_\_\_\_  
 Last First 9 digits, starts with 9, see ID

Department: \_\_\_\_\_ Year of Study (current): \_\_\_\_\_  
 Term:  Fall  Spring Year: \_\_\_\_\_

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