



YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Individual Study Course Information Form

REGISTRAR

To be completed by the student:

Name: Last First

SID:

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