



**WARNER**  
SCHOOL OF EDUCATION  
UNIVERSITY of ROCHESTER

# COMPREHENSIVE EXAM INDEPENDENT STUDY APPLICATION FORM

Submit completed form to Office of Student Services Administrator  
U of R Warner School, Dewey Hall, R.C. Box 270425  
Rochester, New York 14627-0425

**Please Print or Type**

## STUDENT'S PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

UR ID# (not SSN): \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address & Apt. No. or P.O. Box City State Zip Code

Phone Number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone

E-mail Address: \_\_\_\_\_

## COURSE INFORMATION

Course No.: ED 591  
Independent Study, Doctoral

Term:  Fall  Spring  Summer Year: 20\_\_\_\_\_

Credit Hours: \_\_\_\_\_ Instructor: \_\_\_\_\_

Title: 

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C | O | M | P | R | E | H | E | N | S | I | V | E | E | X | A | M | R | E | S | E | A | R | C | H |
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## SIGNATURES & APPROVALS

- Note: 1) **STUDENT** must sign form and obtain signatures of **Instructor** and **Advisor** (failure to complete this task will result in returned forms and slowed approval process)  
 2) **STUDENT SERVICES** will obtain signatures of **Program Chair** and **Associate Dean**.

Student: \_\_\_\_\_  
Signature Date

*Signatures below indicate approval:*

Instructor: \_\_\_\_\_  
Signature Date

Advisor: \_\_\_\_\_  
Signature Date

Program Chair: \_\_\_\_\_  
Signature Date

Associate Dean: \_\_\_\_\_  
Signature Date