

Department of Mathematics & Statistics
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INDEPENDENT STUDY/ READING COURSE

Math/Stat – 499, 699, 799, 898, 899, 7700, 8800

Student Name (First, MI, Last): _____ Campus ID Number: _____

Date of Birth: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Semester: _____ Year: _____ Discipline (Math/ Stat): _____

Course # _____ Section # _____ Class # _____ # of Credits: _____

Course Title: _____

Syllabus of the course (to be worked out with Instructor): _____

Textbook to be used: _____

Major references: _____

Rationale for taking this course: _____

Funding Source (To be completed by instructor) Department / Grant / Other (specify): _____

Student Signature: _____ Date: _____

Instructor's Name: _____

Instructor's Signature: _____ Date: _____

Graduate Program Director: _____ Date: _____

Chairman/Department Head: _____ Date: _____

Authorization to register granted by: _____ Date: _____

Cc: Instructor
Student
Student File (original)