

READINGS/INDEPENDENT STUDY REGISTRATION FORM GRADUATE STUDENTS ONLY

Office of the Registrar

INSTRUCTIONS: This form is due back to the Registrar by the Add Deadline printed in the Academic Calendar. Please make a photocopy for your own records. Please allow 7-10 days for processing.

GRADUATE STUDENT: Fill in Part 1. Have the instructor who will work with you complete Part 2. Your thesis or research advisor must complete Part 3 and the department's Graduate Program Director must sign Part 4. After obtaining the necessary signature submit this form to the Registrar's Office by the Add Deadline.

INSTRUCTOR: If you agree to work with the student on an Independent Study course, complete Part 2.

THESIS or RESEARCH ADVISOR: After signing and dating Part 3 return this form to the student.

GRADUATE PROGRAM DIRECTOR: Please sign and date Part 4 and return this form to the student who will submit it to the Registrar's Office.

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PART 1: (To be co	mpleted by the Student)	Date:	12/20/2010		
Print Name:	Michael Manning W		Rensselaer ID #: 660 - 85 - 1835		
E-mail:	GT) (FIRST) michaelw.manning@ç) gmail.com	Day phone:	949-322-8283	
	Spring X yr	Summeryr	_ Session 1 Se	ssion 2Session 3	
Subject Code (e.g.	CIVL, MATH):	OFFICE USE ONLY			
Course Number: 6 9 4 0			CRN#:		
Course Title: Fundamentals of Animation			INCL	(MAXIMUM 30 CHARACTERS INCLUDING SPACES AND PUNCTUATION)	
Number of Credit h	ours for this independent st	udy3		tine realion)	
Part 2: (To be con	npleted by the Instructor)				
Print Instructor's Na	me:	anka			
Instructor's Signature:(Last name, first, initial)					
Part 3: (To be com	pleted by the student's advi	isor)			
Print Thesis/Resear	ch Advisor Name:				
(Last name, first, initial) Thesis/Research Advisor Signature:			D	vate://	
Part 4: (To be com	pleted by the student Gradu	iate Program Director))		
Print Graduate Prog	ram Director Name:(L	ast name, first, initial)			
Graduate Program I	Director Signature:	D	ate://		