



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.

PART 1: (To be completed by the Student)

Date: 12/20/2010

Print Name: Michael Manning W (LAST) (FIRST) (MI)

Rensselaer ID #: 660 - 85 - 1835

E-mail: michaelw.manning@gmail.com

Day phone: 949-322-8283

Term/Year: Fall yr Spring X yr Summer yr Session 1 Session 2 Session 3

Subject Code (e.g. CIVL, MATH):

Course Number: 6940

OFFICE USE ONLY
CRN#:

Course Title: Experimental Game Design

(MAXIMUM 30 CHARACTERS INCLUDING SPACES AND PUNCTUATION)

Number of Credit hours for this independent study 3

Part 2: (To be completed by the Instructor)

Print Instructor's Name: Kathleen Ruiz (Last name, first, initial)

Instructor's Signature: Date: / /

Part 3: (To be completed by the student's advisor)

Print Thesis/Research Advisor Name: (Last name, first, initial)

Thesis/Research Advisor Signature: Date: / /

Part 4: (To be completed by the student Graduate Program Director)

Print Graduate Program Director Name: (Last name, first, initial)

Graduate Program Director Signature: Date: / /