



**I. TO BE FILLED OUT BY THE STUDENT**

*Please attach your current transcript to this application form.*

Student's name: \_\_\_\_\_ YU I.D. # \_\_\_\_\_

STARTS WITH # 800 or 999

Mailing address: \_\_\_\_\_

(If Dormitory, Building & Room) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Independent study to be done in:    Fall    Spring