Office of the Registrar

Request for Vassar Summer Independent Work 2022 (see other form for CEL 290)

Na	me:				
Stı	ıdent ID#:				
Cla	ass Year:				
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Department:		_	Course#:(298 or 39	Units:	
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Re	quired Signa	tures:			
Fa	culty Adviso	r:			
Fa	culty Directo	or of Summer Work	::		
Pr	inted Name	of Faculty Director	of Summer Work		