

973-655-4376 Fax: 973-655-7371

Office of the Registrar

Independent Study Application

<u>Regulations</u>: The approved academic policy governing Independent Study provides for two methods under which a student may register for Independent Study.

The faculty member and the student shall execute a written statement concerning the level of expectation of the Independent Study. This should include date due, content and method of evaluation. It is recommended that a student have a cumulative average of 2.00 or higher before attempting an Independent Study.

<u>Procedure:</u> A student must complete this form and receive approval by the instructor and chairperson of the department in which the independent study is undertaken. <u>When approved, this form must be submitted during a prescribed registration period to The Office of the Registrar. The Office of the Registrar will give the student a copy and will maintain a copy in our office. The departmental office should retain its own copy for the Chairperson's and faculty member's files.</u>

Department			Seme	/20		
Cat	alog No.		Section No. (Assigned by Registrar)	Credit Hours		
Catalog Course Title:						
CHECK ONE OF THESE TWO METHODS:						
	Method 1 - Course: The student is taking a regular course on an independent study basis. This course must be formally established in the course catalog. The existing course catalog number and title will be used. The extended subtitle for the course will be "Independent Study."					
	method can be used on	ly if a department has an e	dent develop an area of study rexisting independent study course a description of the area of stu	se number. The course		
DESCRIPTION OF INDEPENDENT STUDY OR SUBTITLE:						
Stud	dent Last Name (Print)		Student First Name (Print)	Student IE)# UG/G	
Stud	dent's Signature		Date		Js040212	
Summer Session Only: Select one of the following end dates* May 31 (P) July 3 (F) August 2 (E) August 23_ To Be Completed and initialed by Instr		(F) : 23 Entire Summer(A)	***(Grades are expected to be submitted within 72 hours of indicated end date)			
Instr	uctor Last Name (Print)		Instructor First Name (Print)	Instructor Phone/Extension	n .	
Instr	uctor's Signature			Date	,	
Chai	rperson's Signature			Date		