

Office of the Registrar

Phone: (973)655-4376 Fax: (973)655-7392

## **Independent Study Application**

Please allow 5 – 10 business days for processing.

Incomplete forms will not be processed. Please type or print legibly.

<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.

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

<b>Note:</b> Please be sure that there are no ho If a credit overload is required, ple			١.		
Department *CRN (*Assigned by Registrar	H2H HYB	☐ AON ☐ SON onal Method	☐ Spring ☐ Fall Year	☐ Summer ☐ Winter	
( 7.53igined by Registral)	Instruction	опат метпоц			
Subject Course *Section C	Credits Cata	og Course Title			
Select Method: Method 1 - Course: The student is takin formally established in the course catalog subtitle for the course will be "Independer Method 2 - Special Study: The professor This method can be used only if a departr number and title will be used. The extend Description of Independent Study or Study o	. The existing count Study." or and student devent has an existing subtitle will be	rse catalog numbe relop an area of stung independent stu	r and title will be us udy not within an ap udy course number.	ed. The extended oproved course. The course catalog	
		¬ [M]	<del></del>		
Student's Last Name, First Name – Pl	ease Print	CWID			
				@montclair.edu	
Student's Signature Students will be contacted via email sl	<b>Date</b> hould the Office of	<b>MSU Email Ad</b> f the Registrar have		cerning this form.	
Summer Session Only: Must be compl Start Date: End Date Grades must be submitted within 72 I	:	Part of Term_	(A	pproved Part of Term Only)	
Instructor's Name - Print & Sign	Date	In	Instructor's Phone Number		
		М			
Department Chair's Name - Print & Si	gn Date	Instruct	tor's CWID		
Dean's Name - Print & Sign	Date			Revised 12/2021	