

Dean's Name - Print & Sign

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.

Note: Please be sure that there are no If a credit overload is required, p	•		form.	•						
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Department *CRN (*Assigned by Registr	nal Method	Method Year _								
Subject Course *Section	Credits Catal	og Course Ti	tle							
Method 1 - Course: The student is take formally established in the course catalous subtitle for the course will be "Independent Method 2 - Special Study: The profess This method can be used only if a depart number and title will be used. The extended Description of Independent Study of the course of the study of the	og. The existing cour dent Study." ssor and student dev rtment has an existir nded subtitle will be	elop an area cong independer a description	mber of stud of stud of the	and tit ly not ly cou area (tle will within rse nu of stud	be use an ap mber. ly liste	ed. The proved The cou	extendo course. urse cat	ed	
		П	T	T						
Student's Last Name, First Name –		CWID								
Ridhwaan Ali			@montclair.edu							
Student's Signature	Date	MSU Emai	MSU Email Address							
Students will be contacted via email should the Office of the Registrar have any questions concerning this form.										
Summer Session Only: Must be completed & initialed by Instant Date: Par Grades must be submitted within 72 hours of selected end			t of Term (Approved Part of Term Only)							
Katherine Herbert	08/25/20	23 X53	3 X5398 Instructor's Phone Number							
Instructor's Name - Print & Sign	Date	 M	1	0	4	6	6 3	1	3	
				or's C\			<u> </u>			
Department Chair's Name - Print	& Sign Date			J J .	-					
							Rev	vised 12	2/2021	

Date