

## Independent Study Application

**Please allow 5 – 10 business days for processing.**

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

**Regulations:** 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 holds on your account.

If a credit overload is required, please complete and attach to this form.

**Department**

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**\*CRN** (\*Assigned by Registrar)

<input type="checkbox"/> <b>Spring</b> <input type="checkbox"/> <b>Fall</b>	<input type="checkbox"/> <b>Summer</b> <input type="checkbox"/> <b>Winter</b>
<b>Year</b> _____	

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**Subject**

**Course**

**\*Section**

**Credits**

**Catalog Course Title**

**Select Method:**

**X 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 2 - Special Study:** The professor and student develop an area of study not within an approved course. This method can be used only if a department has an existing independent study course number. The course catalog number and title will be used. The extended subtitle will be a description of the area of study listed below:

**Description of Independent Study or Subtitle:** \_\_\_\_\_

**Student's Last Name, First Name – Please Print**

<b>M</b>									
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**CWID**

**Student's Signature**

**Date**

**MSU Email Address**

**@montclair.edu**

*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 Instructor** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Part of Term** \_\_\_\_\_ **(Approved Part of Term Only)**

**Grades must be submitted within 72 hours of selected end date.**

**Instructor's Name - Print & Sign**

**Date**

**Instructor's Phone Number**

<b>M</b>									
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**Department Chair's Name - Print & Sign**

**Date**

**Instructor's CWID**

**Dean's Name - Print & Sign**

**Date**

Revised 8/2019