

The College of New Jersey

Office of Records & Registration
P.O. Box 7718, Ewing, NJ 08628-0718
609-771-2141

INDEPENDENT STUDY OR MENTORED RESEARCH ENROLLMENT FORM

NAME: Last First M.I.	ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (6 digit PAWS ID)
PHONE: EMAIL:	MAJOR:
ADDRESS: Street City State Zip	

This Independent Study Enrollment form must be submitted to the Office of Records and Registration at the time of registration. **Registration will not be permitted if the form is incomplete or signatures are missing.**

Do not use this form to establish a course to be taught on TBA basis. Independent study is not to be substituted for a regular course.

SEMESTER: Fall ____ Spring ____ Summer ____ Year: _____

COURSE ID: _____ SECTION ID: _____ (for Records & Registration only)

INSTRUCTOR: _____ DEPARTMENT _____

NUMBER OF UNITS: _____ (Undergraduate – not to exceed 1.5 Units) (Graduate – not to exceed 9 credits)

GPA: _____ (Undergraduate – must be 2.5 or greater, Graduate – 3.0 or greater)

UNDERGRADUATE ONLY: TOTAL EARNED COURSE UNITS: _____ (Undergraduate -- must have completed at least 14 Units – At least 3.75 units must be from TCNJ)

INDEPENDENT STUDY SUMMARY PROPOSAL: (Full proposal documenting course of study must be filed with the Instructor only)

Independent Study Counts as: ____ In-major Requirement for _____ requirement
____ General Education for _____ requirement
____ Elective Credit

Please sign and date where indicated. All signatures must be completed before registration will be processed:

STUDENT: _____ DATE: _____

INSTRUCTOR: _____ DATE: _____

DEPARTMENT CHAIR (or Designee): _____ DATE: _____

DEAN (or Designee): _____ DATE: _____