

The College of New Jersey

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

INDEPENDENT STUDY 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (8 digit TCNJ ID or 9 digit S.S. #)
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.** PLEASE PRINT IN BLUE OR BLACK INK.

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)

SPONSORING INSTRUCTOR: _____ DEPARTMENT _____

NUMBER OF CREDITS: _____ (Undergraduate – not to exceed 6.0 semester hours) (Graduate – Under 45 earned hours, limit 6.0 semester hours per program. If greater than 45 earned hours, then limit 9.0 semester hours.)

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

EARNED HOURS: _____ (Undergraduate -- must exceed 56)

INDEPENDENT STUDY SUMMARY PROPOSAL: (Attach additional sheet if necessary)
(Full proposal documenting course of study must be filed with the Sponsoring Instructor)

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: _____ DATE: _____

Original: Records and Registration Copies: Department & Student