Independent Study Application

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 undertaken. 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 in our office. The departmental office and the student should retain their own copy for the student's, Chairperson's and faculty member's files.

Department ________________________________ Semester/Year ___________/20____

Catalog No. ___________________________ Section No. (Assigned by Registrar) ___________________________ Credit Hours __________

Catalog Course Title: ____________________________________________________________ CRN __________

CHECK ONE OF THESE TWO METHODS:

☐ 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 Last Name (Print)    Student First Name (Print)    Student ID #    UG/G

______________________________________________ ____________________________
Student’s Signature    Date

Summer Session Only: Select one of the following Summer Session dates*** for the Independent Study:

Pre-Session 3 weeks: May 15 - June 1 ___(3W1)   Entire Summer: May 14 - August 31 ___(1)   4 weeks: May 15 – June 8 ___(4W1)
4 weeks: June 12 – July 6 ___(4W2) 4 weeks: July 10 - August 3 ___(4W3) 6 weeks: May 22 – July 29 ___(SD6)
8 weeks: June 12 - August 3 ___(8WK) 2 weeks: May 15- August 3 ___(12W) Post-Sess 3 weeks: August 7 – Aug 24 ___(3WP)

To Be Completed and Initialed By Instructor _________

*** Grades are expected to be submitted within 72 hours of indicated end date

Instructor Last Name (Print)    Instructor First Name (Print)    Instructor Phone/Extension

Instructor’s Signature    Date

Chairperson’s Signature    Date

Office of the Registrar
973-655-4376
Fax: 973-655-7371