

# 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: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>M.I.</span> </div>	ID #: _____ <div style="display: flex; justify-content: center; gap: 5px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> (6 digit PAWS ID)
PHONE: _____ EMAIL: _____	MAJOR: _____
ADDRESS: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>	

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: \_\_\_\_\_ DATE: \_\_\_\_\_

DEAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ONLY required for School of the Arts & Communication and School of Culture & Society

Category I: \_\_\_ A: Transformative Learning Experience; \_\_\_ B: Scheduling Conflict (sr); \_\_\_ C: Credit Shortfall; \_\_\_ D: Summer

Category II: \_\_\_ E: Scheduling Conflict; \_\_\_ F: Class Level of Student