

# 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:			ID #:
Last	First	M.I.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (8 digit TCNJ 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.** 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**