

## The College of New Jersey Office of Records and Registration P.O. Box 7718, Ewing, NJ 08628-0718

Phone: (609)771-2141 Fax: (609)637-5184

## INDEPENDENT STUDY OR INDEPENDENT RESEARCH ENROLLMENT FORM

Last Name:						First N	Name:				MI:		PAWS ID:		
Phone:				TCN	IJ E-Mail:					Major					
Address										City	,		State	– <mark>Zip</mark>	Code
Do not use this Special Arrange and Registratio	ement E														
SEME	STER:		Fall		Spring	☐ Wi	nter	☐ Sum	mer	Yea	nr	_			
COUF	RSE ID:					SECTION	N ID:		(For	Records a	and Regist	tration	only)		
INSTRUCTOR:							DE	PARTMENT							
NUME	BER OF U				<u>Graduate</u> -	not to exc	eed 9			part-t	nis enrollmen ime to full-tir RLOAD RE	me statu			Yes No
GPA:					Independ	dent Rese		t be 2.5 or hi nust be 3.0 o		er SWA	P OUT OF	:			
UNDERGRADU	JATE ON				t be 3.0 or NED COUR	_					-		nts must have c		
INDEPENDEN						- max 30 cl	naracte	rs)							
(If more room is						m. A full pr	oposal	documenting	course	of study n	nust be filed	d with t	the instructor or	nly.)	
INDEPENDENT STUDY COUNTS AS: In-N					In-Maj	or Require	ement	for:					Requireme	nt	
				ı	Gener	al Educati	on for:						Requireme	ent	
				]	Elective	e Credit									
										BEFORE		ATION	N WILL BE PRO	OCESS	ED:
Student:  * By signing this for											Date:	d from t	this source		
Instructor:	J	·	e for the pay				u with ti	ie number c	Date:	ed from t	triis course.				
Department Chair (or Designee):											Date:				
Dean (or Designee):											Date:				revised 8/2017