INDEPENDENT STUDY ENROLLMENT FORM

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<tr>
<th>NAME:</th>
<th>ID #:</th>
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<td>Last</td>
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<tr>
<th>PHONE:</th>
<th>EMAIL:</th>
<th>MAJOR:</th>
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<th>ADDRESS:</th>
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<td>Street</td>
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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 (or Designee): ________________________ DATE: ________

DEAN (or Designee): ________________________ DATE: ________

Revised 02/10/11