



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 MENTORED
RESEARCH ENROLLMENT FORM**

Last Name: First Name: MI: PAWS ID:

Phone: TCNJ E-Mail: Major

Address City State Zip Code

Do not use this form to establish a course to be taught as a special arrangement. Independent study is not to be substituted for a regular course. Special Arrangement Enrollment Forms are available from and must be submitted directly by the Academic Department to the Office of Records and Registration.

SEMESTER: Fall Spring Winter Summer Year

COURSE ID: SECTION ID: (For Records and Registration only)

INSTRUCTOR: DEPARTMENT

NUMBER OF UNITS: Undergraduate- not to exceed 1.5 units
Graduate- not to exceed 9 credits

Will this enrollment move the student from part-time to full-time status? Yes No

OVERLOAD REQUIRED: Yes No

GPA: Undergraduate- must be 2.5 or higher
Graduate- must be 3.0 or higher

SWAP OUT OF:

UNDERGRADUATE ONLY: TOTAL EARNED COURSE UNITS: Undergraduate students must have completed at least 14 units total and at least 3.75 units must be from TCNJ.

INDEPENDENT STUDY TOPIC (topic prints on transcript - max 30 characters)

INDEPENDENT STUDY SUMMARY PROPOSAL

(If more room is needed, attach a proposal summary to this form. A 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:

* By signing this form, I acknowledge that I am responsible for the payment of all tuition and fees associated with the number of units earned from this course.

Instructor: _____ Date:

Department Chair (or Designee): _____ Date:

Dean (or Designee): _____ Date: