INDEPENDENT STUDY OR MENTORED RESEARCH
ENROLLMENT FORM

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<tr>
<th>NAME: Last</th>
<th>First</th>
<th>M.I.</th>
<th>ID #: [6 digit PAWS ID]</th>
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<tbody>
<tr>
<td>PHONE:</td>
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<td>ADDRESS:</td>
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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.

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