



The College of New Jersey  
 Office of Records and Registration  
 P.O. Box 7718, Ewing, NJ 08625-0718  
 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

SEMESTER:  Fall  Spring  Winter  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

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

**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 **SUMMARY** PROPOSAL (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: