Independent Study Application

Year ____________________________ Term ____________________________ Session ____________________________

Course Information
Department _______________________ Course Code ______________ Credits ______ Professor ________________

Project Title for Transcript __________________________________________________________

Is this an Honors Independent Study?
☐ Yes: Honors Program Director Signature/Date __________________________
☐ No

This course will be substituted for a curriculum requirement. Yes_____ No _____

If yes, complete the following information:

The above named course will be substituted for the following curriculum requirement.
Curriculum Requirement: Course Code ______________ Title __________________________

Student Information (Resident Students may use campus address/extension)
Name ____________________________________ ID # __________________
Undergrad______ Grad ______ Curriculum __________________________ Phone __________________
Class Level ______________________________
Student Signature __________________________ Date ______________________

Project Information (If replacing a course, attach course syllabus)
Purpose ___________________________________________________________________________________
_______________________________________________________________________________________
Procedure __________________________________________________________________________________
________________________________________________________________________________________
Resources __________________________________________________________________________________
Work to be submitted __________________________________________________________

Approvals (ALL signatures MUST be obtained before form will be accepted)
Professor/Date __________________________ Program Chair or Director/Date ______________________
Advisor/Date ____________________________ Dean/Date ________________________________

Registrar’s Office Phone: 973-290-4460  Fax: 973-290-4499