	Offic P.O. Bo	he College e of Record ox 7718, Ew 509)771-214	s and Re ing, NJ	egistratio 08628-07	'18			
	INDEPENDE	NT STUDY OF ENROLLM			ESEARCH			
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 co Special Arrangement Enrollment For and Registration.								
SEMESTER: Fall	Spring	Winter	Summ	ner 🗌 Yea	ar			
COURSE ID:		SECTION ID:		(For Records a	and Registrati	on only)		
INSTRUCTOR:			ARTMENT					
		DLF						
NUMBER OF UNITS:		<u>iate</u> - not to excee ot to exceed 9 cre		part-t	ime to full-time st	_	Yes No	
GPA:		ent Research: mu			POUT OF:			
	<u>ite</u> - must be 3.0 or H TAL EARNED COURS					idents must have c east 4.00 units mus	completed at least 12 t be from TCNJ.	
INDEPENDENT STUDY TOPIC (topic	prints on transcript -	max 30 characters)						
INDEPENDENT STUDY SUMMARY	PROPOSAL		J					
(If more room is needed, attach a proposal	l summary to this forr	n. A full proposal do	ocumenting c	ourse of study n	nust be filed wi	th the instructor or	<u>ıly.)</u>	
INDEPENDENT STUDY COUNTS AS:	In-Majo	In-Major Requirement for:			Requirement			
	Genera	General Education for:				Requirement		
	Elective	Elective Credit						
PLEASE SIGN AND DATE WHERE IN	DICATED. ALL SIG	NATURES MUST	BE COMPL	ETED BEFORE	REGISTRATI	ON WILL BE PRO	DCESSED:	
Student:					Date:			
* By signing this form, I acknowledge that I am	responsible for the payn	ent of all tuition and f	ees associated	with the number o	of units earned fro	om this course.		
Instructor:					Date:			
Department Chair (or Designee):					Date:			
Dean (or Designee):					Date:		revised 8/2017	