

Independent Study Application

TO BE COMPLETED BY THE STUDENT AT TIME OF INITIAL PROPOSAL

_____	_____
Student Name (please print or type)	Rutgers ID
Current GPA: _____	Number of Credits Completed to Date: _____
Proposed term for Independent Study:	
Spring 20_____: Fall 20_____; Summer 20_____ Semester.	
_____	_____
Student Signature	Date

TO BE COMPLETED AFTER STUDENT AND FACULTY MEMBER HAVE AGREED ON FORM AND CONTENT OF INDEPENDENT STUDY PROJECT

An Independent Study project titled:	

has been approved for the above noted semester, for a total of _____ academic credits.	
The final, approved proposal is attached.	
_____	Approved by area coordinator:
Signature of Faculty Member	Date
_____	_____
Printed name of Faculty Member	Print name and initial

TO BE COMPLETED BY ACADEMIC SERVICES

_____	Approved	Special Permission Number: _____
_____	Denied	# 52: _____: _____ Index # _____
_____	_____	_____
Academic Services Signature	Date	Printed Name