

## GRADUATE

### Independent Study Application/Registration Authorization

Regulations/Procedure: A matriculated Graduate student who has completed a minimum number of graduate credits in his/her program with a minimum grade point average of 3.0, may apply to take an independent study to cover a course in his or her degree program if the course is not offered prior to graduation. The student must obtain written approval of the faculty sponsor, program coordinator, and the Office of the Registrar prior to registration. Students who register for independent study without obtaining the required approvals will have their registration forfeited. Each student is limited to a maximum of two independent studies per program, with permission as noted above. Fall Independent Study work may be considered for a Spring Research Days presentation as recommended by the supervising faculty member. This form must be submitted during a registration period to the Office of the Registrar within two working days of Deans' signature.

Department/Program \_\_\_\_\_ Semester/Year \_\_\_\_\_/20\_\_\_\_

Subject	Course Number	Section Number	Credit Hours
		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <span>(Assigned by Registrar)</span> </div>	
Course Title (25 characters)			
Student Last Name		Student First Name	Student ID#
Student Major/Program		Completed Credits/GPA	Student Kean Email Address
I understand that this request to be registered in a course may change my current full-time/part-time status and may also impact my Financial Aid eligibility and/or tuition balance.			
Student's Signature		Date	Student Telephone #

<b>CHECK ONE:</b>	<input type="checkbox"/> Major Elective <input type="checkbox"/> Free Elective <input type="checkbox"/> Substitution of Required Course: _____ <small>(ex. ACCT 5100)</small>		
Have you previously registered for an Independent Study? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DESCRIPTION OF INDEPENDENT STUDY OR SUBTITLE: (Attach additional type-written sheets, if necessary.)			
Method of Evaluation: (To be completed by Instructor. Include number of meetings with student. Attach additional type-written sheets, if necessary.)			

Instructor Last Name (Print)	Instructor First Name (Print)	Instructor Phone/Extension
Instructor's Signature	Date	Instructor Kean Email Address (Print)
Chairperson/Exec Director Signature	Date	<b>For Office of Registrar Use Only:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
College Dean's Signature	Date	Office of Registrar Signature: