

## UNDERGRADUATE Independent Study Application/Registration Authorization

Regulations/Procedure: This project may consist of, but is not limited to, a research project, analytical writing, creative writing, intensive or extensive reading, or a studio or laboratory project. The matriculated, eligible candidate for independent study should first outline an appropriate topic, identify a faculty sponsor, and submit a proposal following guidelines established by the sponsoring department or academic program to the faculty sponsor and academic program office. Independent study courses are found in the academic program offerings. A student must meet all course requirements, complete this form and receive approval by the instructor, Executive Director or Chairperson of the department in which the independent study is undertaken and by the College Dean. 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																
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		(Assigned by Registrar)																	
Course Title (25 characters)																			
Student Last Name		Student First Name	Student ID#																
Student Major/Class: FR, SO, JR, SR		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: _____ <span style="float: right;">(ex. ACCT 5100)</span>
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	For Office of Registrar Use Only:
College Dean's Signature	Date	