

Stockton University - Independent Study Form

Term and Year	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer Session IV <input type="checkbox"/>	20__ 8 __
Academic Information <i>(to be completed by faculty)</i>	Credit Hours	Avg. Weekly Contact Hours	Course Acronym	Course Number
	Level of Project			
Level of Project	<input type="checkbox"/> First Year <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate			
Project Type	<input type="checkbox"/> Independent Study <input type="checkbox"/> Senior Project <input type="checkbox"/> Capstone/Thesis <input type="checkbox"/> Project for Distinction <input type="checkbox"/> Online Program Independent Study*			

Student Name (last, first)	Z number	
Phone	Stockton Email	
Faculty Name (last, first)	Z number	
Office Phone	Stockton Email	

To be completed by School Dean	<input type="checkbox"/> This is a W course^ <input type="checkbox"/> This is a Q course^ <input type="checkbox"/> Other: _____	To be completed by Student Records								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Acronym</td><td></td></tr> <tr><td>Number</td><td></td></tr> <tr><td>ECH</td><td></td></tr> </table>	Acronym		Number		ECH		_____ GENS Dean Signature	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">CRN #</td><td></td></tr> </table>	CRN #	
Acronym										
Number										
ECH										
CRN #										

Will this course be used on DegreeWorks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Indicate the course/requirement that this independent study will fulfill on Degree Works. (Acronym/#)	
Project Title (32 characters)	

Project Description and Requirements *	
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ELOs Covered	<input type="checkbox"/> Adapting to Change <input type="checkbox"/> Ethical Reasoning <input type="checkbox"/> Program Competence <input type="checkbox"/> Communication Skills <input type="checkbox"/> Global Awareness <input type="checkbox"/> Quantitative Reasoning <input type="checkbox"/> Creativity & Innovation <input type="checkbox"/> Information Literacy & Research Skills <input type="checkbox"/> Teamwork & Collaboration <input type="checkbox"/> Critical Thinking
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ELO Description	
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Materials, Readings, and Assignments	
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Evaluation: Methods and Schedules	
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Project Sponsored By:	_____	Date
	Faculty Signature	
Project Submitted By:	_____	Date
	Student Signature	
Graduate Program Director (for GRAD programs only)	_____	Date
	Graduate Program Director Signature (if applicable)	
If General Studies:	_____	Date
	Dean (GENS) Signature (if applicable)	
Project Approved By:	_____	Date
	Dean (Faculty School) Signature	

^ Insert a 1 or 2 only in the box.
 *For Graduate Online Programs only.
 ** Course syllabus may be attached if desired, provided all requested information is included.