

Stockton University - Independent Study Form

Term and Year	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer Session IV <input type="checkbox"/> 20__
Academic Information (to be completed by faculty)	__ 8 __		
	Credit Hours	Avg. Weekly Contact Hours	Course Acronym Course Number
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

Acronym	
Number	

Will this course be used on DegreeWorks? Yes

Adapting to Change
 Communication Skills

Evaluation: Methods and Schedules	
Project Sponsored By:	_____ Faculty Signature Date
Project Submitted By:	_____ Student Signature Date
Graduate Program Director (for GRAD programs only)	_____ Graduate Program Director Signature (if applicable) Date
If General Studies:	_____ Dean (GENS) Signature (if applicable) Date
Project Approved By:	_____ Dean (Faculty School) Signature Date

^ 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