

Stockton University - Independent Study Form

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

<p style="text-align: center;">To be completed by School Dean</p> <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		<p><input type="checkbox"/> This is a W course^</p> <p><input type="checkbox"/> This is a Q course^</p> <p><input type="checkbox"/> Other:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">GENS Dean Signature</p>	<p style="text-align: center;">To be completed by Student Records</p> <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 #										

Project Title	
Project Description and Requirements **	
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
ELO Description	
Materials, Readings, and Assignments	
Evaluation: Methods and Schedules	

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.