

# 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 <i>(to be completed by faculty)</i>	Credit Hours	Avg. Weekly Contact Hours	Course Acronym		
	Level of Project	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
Project Type	<input type="checkbox"/> Independent Study	<input type="checkbox"/> Senior Project	<input type="checkbox"/> Capstone/Thesis	<input type="checkbox"/> Project for Distinction	

<b>Student Name (last, first)</b>	<b>Z number</b>	
Phone	Stockton Email	

<b>Faculty Name (last, first)</b>	<b>Z number</b>	
Office Phone	Stockton Email	

<p><b>To be completed by School Dean</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>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;"><b>GENS Dean Signature</b></p>	<p><b>To be completed by Student Records</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>CRN #</td><td></td></tr> </table>	CRN #	
Acronym										
Number										
ECH										
CRN #										

<b>Project Title</b>	
<b>Project Description and Requirements *</b>	
<b>ELOs Covered</b>	<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
<b>ELO Description</b>	
<b>Materials, Readings, and Assignments</b>	
<b>Evaluation: Methods and Schedules</b>	

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.

\* **Course syllabus** may be attached if desired, provided all requested information is included.