

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:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Faculty Signature</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Faculty Signature	Date
Faculty Signature	Date		
Project Submitted By:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Student Signature</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Student Signature	Date
Student Signature	Date		
Graduate Program Director (for GRAD programs only)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Graduate Program Director Signature (if applicable)</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Graduate Program Director Signature (if applicable)	Date
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If General Studies:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Dean (GENS) Signature (if applicable)</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Dean (GENS) Signature (if applicable)	Date
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Project Approved By:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Dean (Faculty School) Signature</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Dean (Faculty School) Signature	Date
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