

**MONMOUTH UNIVERSITY
OFFICE OF REGISTRATION AND RECORDS
INDEPENDENT STUDY APPLICATION**

Course Information:

Fall Spring Summer : A B C D E Year: _____

Department: _____ Course Number: _____ 99 Credits: _____ Professor : _____
(i.e., BK 499)

Project Title (Max. 22 characters) for transcript: _____

Will this course be substituted for a curriculum requirement?* YES NO

Substitutions can only be made for course requirements specifically listed on a student's audit

If yes:

Curriculum Requirement: Course Number: _____ **Title:** _____

Please note: Substitutions for a General Education course require separate approvals. Please obtain the appropriate committee's approval as outlined below.

Additionally, this satisfies: Gen*Ed Requirement _____
(Specify course type, i.e., "CD", "GU", etc.) **Committee Approval** _____ **Date** _____

Department-Specific Course Code: _____
(Specify department-specific course code, i.e. MEBP, CORTP, etc.)

Student Information:

Name: _____ ID. #: _____

Undergrad ___ Grad ___ Major: _____ Phone: _____

Address: _____

City, State, Zip: _____

Student Signature: _____

Project Information:

Purpose: _____

Procedure: _____

Resources: _____

Work to be Submitted: _____

Basis for Grading: _____

Interview Dates: _____

Supervising Professor's Remarks: _____

Approvals:

Professor/Date: _____ Department Chair/Date: _____

School Dean: _____ Date: _____ Approval for Credit Overload*: _____

*(UG greater than 18 credits)

Dean's Initial's

*(GR greater than 15 credits)