



INDEPENDENT STUDY REGISTRATION FORM

FALL _____ SPRING _____ SUMMER _____

TO THE STUDENT: This form must be completed and returned to the Registrar's Office no later than the last day of Add/Drop.

R# _____ NAME _____ PHONE# _____

EMAIL ADDRESS: _____@ramapo.edu

Title of Independent Study: IS: _____ (19 characters only)

Dean's Checklist:	
UG Semester Limit (4 cr.)	<input type="checkbox"/>
UG Career Limit (8 cr.)	<input type="checkbox"/>
Academic Standing (GPA>2.0)	<input type="checkbox"/>
GR Semester Limit (6 cr.)	<input type="checkbox"/>
Contract	<input type="checkbox"/>

SUBJ: _____ **LEVEL:** _____ **CREDITS:** _____

Student's Signature _____

Instructor's Name(Print) _____

Instructor's Signature _____

Graduate Program Director _____

Dean's Signature _____