Independent Study Student Project Agreement

The student who wishes to enroll in an Independent Study completes the items below and, in turn, requests a full-time member of the faculty to supervise the project. Upon the approval of the faculty member, both the department chairperson and the academic dean must concur. When all signatures have been secured, the Registrar is permitted to officially enroll the student in an Independent Study provided such has been completed on or before the close of the Drop/Add period for that term.

Name_________________________________________ Date________________________

Rowan ID____________________________________ Major________________________

Independent Study Course Subject Code and Course Number __________________________
# Credits of Independent Study _______ Undergrad_____ or Graduate_____ Course
Semester of Independent Study: Fall 20____, Spring 20____, Summer 20____, Winter 20____
(This information must be complete before Independent Study section will be created and the student registered.)

I. Statement of Student:
   A. What do you propose to do?
   B. What goals do you expect to achieve?

II. Statement of Faculty Advisor:

III. Signatures:

Date_________________ Student ________________________________________________

Date_________________ Faculty Member (please print)____________________________

Date_________________ Faculty Member (signature)_______________________________

Date_________________ Department Head or Chairperson __________________________

Date_________________ Academic Dean ___________________________________________

IMPORTANT: Once signed by the Academic Dean, this form must be submitted to the Registrar’s Office for registration either in person or scanned from a Rowan University email address.