

GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY
152 FRELINGHUYSEN ROAD
PISCATAWAY, NJ 08854-8085

REQUEST FOR INDEPENDENT STUDY FORM

(To be given to Student Services Coordinator with copy in student's departmental folder)

Name:

Date:

I apply for permission to take an Independent Study during the _____
(semester & year)
under the direction of _____ for ____ credits. The area of study or problem
to be investigated is as follows: (Describe in a minimum of 200 words; use back of sheet if
necessary.)

Check one:

___ I will submit a paper based on these studies.

___ Alternate written evaluative approach: _____
(please specify, i.e., series of case studies)

Previous Independent Studies ___ No ___ Yes ___ (Number)

If yes, list for each:

_____ with _____ on _____
(Semester & Year) (Faculty Member) (Subject)

_____ with _____ on _____

_____ with _____ on _____

Student's signature _____ Date: _____

The student's project is acceptable as detailed above. ___ Yes ___ No

Instructor's signature _____ Date: _____

Department Chair _____ Date: _____

Faculty Council Approval 05/86