



OFFICE OF THE REGISTRAR

o. (201) 684-7695 | f. (201) 684-7956
e: reg@ramapo.edu | ramapo.edu/registrar

INDEPENDENT STUDY REGISTRATION FORM

- Form with all signatures must be submitted to the Office of the Registrar by the deadline posted in the [Academic Calendar](#)
- Undergraduate students may enroll in up to four Independent Study credits in a term, and normally may not exceed eight total Independent Study credits during their undergraduate career
- Graduate students may enroll in up to six Independent Study credits with the permission of their Program Director

Student Information

Last Name: _____ First Name: _____

R# _____ Ramapo Email: _____@ramapo.edu

Independent Study Information (all parts required)

Fall Winter Spring Summer Year: _____

Title of Independent Study (25 characters only): _____

Subject: _ _ _ _ Level: 100 200 300 400 500 600 700

Grading System: Letter Grade (A-F) Pass/Fail Grade (P/F, must attach P/F form) Credits: _____

SIGN HERE

➔ Student's Signature: _____ Date: _____

Instructor's Name (PRINT): _____

Instructor's Signature: _____ Date: _____

Grad. Director's Signature*: _____ Date: _____

*Only required if a graduate-level independent study

Dean Use Only

Approval Checklist:

GPA ≥2.0 UG Career Limit (≤8 cr.) UG Term Limit (≤4 cr.) GR Limit (≤6 cr.) Replacing Cancelled Course

Dean's Signature: _____ Date: _____

Registrar Use Only

CRN: _____ Initials: _____ Date: _____

Rev. 1/25