

**INDEPENDENT STUDY FORM**

This form must be completed and submitted via email to the Undergraduate Director (Dr. Andrea Spaeth, [ams853@kines.rutgers.edu](mailto:ams853@kines.rutgers.edu)) no later than 24h before the add/drop period ends. Once approved, students will be provided with a Special Permission Number (SPN) to register for the course (**01:377:491**).

\_\_\_\_\_  
**Name of Student**

\_\_\_\_\_  
**RUID**

\_\_\_\_\_  
**Graduation Year**

\_\_\_\_\_  
**Name of Faculty Mentor**

\_\_\_\_\_  
**Name of DKH Faculty Co-mentor**  
*Only needed if Faculty Mentor is not in Dept. of Kines. & Health*

Select the semester and year of enrollment: \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring 20\_\_\_\_\_

Select the number of credits: \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3  
*This should be mutually agreed upon by student and faculty mentor. 1 =3h work/week; 2 =6h work/week; 3 =9h work/week*

**1. Describe the plan of study established by the student and faculty mentor.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. How will the faculty mentor determine the student's grade?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. How will the number of hours the student works each week be monitored?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Describe 1-3 learning goals that will be accomplished by the proposed plan of study.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures and Dates of Approval:**

**Student:** \_\_\_\_\_

**Faculty Mentor:** \_\_\_\_\_

**DKH Faculty Co-Mentor (if applicable):** \_\_\_\_\_

**Undergraduate Director:** \_\_\_\_\_

[For office only: SPN Granted: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_]