

**INDEPENDENT STUDY FORM- SM**

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 (**01:955:342, 3 credits**).

_____	_____	_____
<b>Name of Student</b>	<b>RUID</b>	<b>Graduation Year</b>
_____	_____	
<b>Name of Faculty Mentor</b>	<b>Name of DKH Faculty Co-mentor</b>	
	<i>Only needed if Faculty Mentor is not in Dept. of Kines. &amp; Health</i>	

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

When completing the sections below, keep in mind that you are enrolling in 3 credits of Independent Study which is equivalent to 9h of work on the project per week.

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

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.**

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\_\_\_\_\_

\_\_\_\_\_

**Signatures and Dates of Approval:**

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

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

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

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

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