INDEPENDENT STUDY COURSE REGISTRATION

First               Middle               Last

Student ID Number

Permanent Address:  Street

Telephone Number

City               State               Zip Code

Major

Please circle one:

Year      Full-Time          Part-Time
Academic Term:  Fall    Winter    Spring
Summer:  1st    2nd    8wk    Post

Independent Study  Internship
Class:  FR    SO    JR    SR
Graduate student

Section to be completed by Student and Faculty Member:

Faculty Sponsor

Course Title

Course Number

Average Weekly Contact Hrs.  Number of Credits

Faculty Load Credit Meeting Place (office, classroom)

Is part, or all of the Independent Study/Internship conducted abroad? If yes, which country:

Course Description and its Relationship to the Student’s Program:

Criteria for Assessing Student’s Performance:

Evaluation Schedule:

Planned Readings and Other Assignments:

*IIf additional space is needed for the above sections please attach the second page.

I understand that registering for classes at Central Connecticut State University will generate charges that I am legally obligated to pay in accordance with University payment deadlines and/or formal withdrawal policies. I also understand that any unpaid obligations may be referred to the University’s contracted collection agency and that I will be responsible for any related collection costs in addition to the amount due.

Student’s Signature

Date

Printed Name

Faculty

Date

Printed Name

Department Chair

Date

Printed Name

Dean of Academic Dept.

Date

Printed Name

Dean of Graduate Studies

Date

Printed Name

Please complete this form and return to Office of the Registrar for processing.

Davidson Hall, Room 116, 1615 Stanley Street, New Britain, CT 06050, Fax it to 860-832-2250 or email it to regrstaff@ccsu.edu
School of Arts & Sciences
Independent Study Form Addendum

Faculty: Please fill out all sections below and attach to the independent study form. Requests for independent study courses will not be reviewed until this form is complete.

Student Name: 

Student ID (8-digit): 

Student Major: 

Check one: [ ] UNDERGRAD [ ] GRAD 

Course Designator & Number (e.g., HIST 493): 

Course Title: 

Academic Term & Year (e.g., Spring 2010): 

Faculty Name: 

Faculty Department: 

Total Faculty Load for Semester in which Course Will Be Taught: 

Is this course required for everyone in the student’s major or minor? If so, no explanation is required below. [ ] YES [ ] NO 

In a few sentences below, please explain the objectives of the independent study and the role this course will play in the student’s program.