



**Registrar's Office/Enrollment Center --Central Connecticut State University, New Britain CT 06050
INDEPENDENT STUDY COURSE REGISTRATION FORM for Graduate and Undergraduate
Students**

Name:	CCSU ID:
Street:	Phone: (H): ()
City/St/Zip:	(W): ()
Country:	Date:

Course Type	Academic Term	Year	Student Class	Student Status
<input type="checkbox"/> Independent Study <input type="checkbox"/> Internship	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Intersession		<input type="checkbox"/> First Year Student <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

The sponsoring faculty member completes this section with the student:

Faculty Sponsor:	Course Title:
Course Number (e.g., ART 498, PSY 499):	Number of Credit Hrs. (e.g., 3, 4, 6):
Average Weekly Contact Hrs. (e.g., 3, 4, 6):	Faculty Load Credit:
Meeting Place (classroom, office, or other location):	

**Description of Course and Its Relationship to the Student's Program:

**Evaluation Schedule:

**Planned Readings and Other Assignments:
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**Means for Evaluation:

Required Independent Study Course Registration Written Agreement/Approvals:

Submitted by _____	_____	Date: _____
Student's Signature	Printed Name	
Sponsored by _____	_____	Date: _____
Faculty Member's Signature	Printed Name	
Approved by _____	_____	Date: _____
Department Chair's Signature	Printed Name	
_____	_____	Date: _____
Dean of Academic School's Signature	Printed Name	
_____	_____	Date: _____
*Dean of Graduate School's Signature	Printed Name	

***Required when an independent study or internship course is requested by a graduate student**

****If additional space is needed for these sections, please attach a second page**