

Central Connecticut State University
Independent Study Course Registration Form

Office of the Registrar
Undergraduate / Graduate Students

Name:	ID:
Street:	Telephone No.:
City/State/Zip:	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"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer (1 st 2 nd 8wk Post) <small>Circle one session</small>		<input type="checkbox"/> FR <input type="checkbox"/> JR <input type="checkbox"/> SO <input type="checkbox"/> SR <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):	

Check if all or part of the Independent Study/Internship is overseas and indicate the country in this box:

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

**Evaluation Schedule:

**Planned Readings and Other Assignments:

**Means for Evaluation:

Required Independent Study Course Registration Written Agreement/Approvals:

Submitted by: _____ Date: _____
 Student's Signature* Printed Name

*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 financial obligation 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.

Sponsored by: _____ Date: _____
 Faculty Member's Signature Printed Name

Approved by: _____ Date: _____
 Department Chair's Signature Printed Name

 Dean of Academic School's Signature Printed Name

 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.

Distribution of Completed Form: **Original**-Registrar's Office; **copies**-faculty member, chair, student, academic dean, Graduate School (if applicable)