

**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"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Intersession		<input type="checkbox"/> Freshman <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:**

****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
 Effective 11/2005. Distribution of Completed Form: **Original**-Registrar's Office;
copies-faculty member, chair, student, academic dean, Graduate School (if applicable)