

**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"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring		<input type="checkbox"/> FR <input type="checkbox"/> JR	<input type="checkbox"/> Full-Time
<input type="checkbox"/> Internship	<input type="checkbox"/> Summer (1 st 2 nd 8wk Post) Circle one session		<input type="checkbox"/> SO <input type="checkbox"/> SR	<input type="checkbox"/> Part-Time
			<input type="checkbox"/> Graduate Student	

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	
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)