Central Connecticut State University
Independent Study Course Registration Form
Undergraduate / Graduate Students

Name: 
ID: 
Street: 
Telephone No.: 
City/State/Zip: 
Date: 

<table>
<thead>
<tr>
<th>Course Type</th>
<th>Academic Term</th>
<th>Year</th>
<th>Student Class</th>
<th>Student Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Independent Study</td>
<td>□ Fall</td>
<td>□ Winter</td>
<td>□ Spring</td>
<td>□ FR</td>
</tr>
<tr>
<td>□ Internship</td>
<td>□ Summer (1st)</td>
<td>2nd</td>
<td>8wk Post</td>
<td>□ SO</td>
</tr>
</tbody>
</table>

Circle one session:

□ 1st
□ 2nd
□ 8wk
□ Post

□ Full-Time
□ 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: 
Student’s Signature* __________________________________ Printed Name ________________________ Date: ________________

*Sentence: 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: 
Faculty Member’s Signature __________________________________ Printed Name ________________________ Date: ________________

Approved by: 
Department Chair’s Signature __________________________________ Printed Name ________________________ Date: ________________

Dean of Academic School’s Signature __________________________________ Printed Name ________________________ Date: ________________

Dean of Graduate School’s Signature (Required when an independent study or internship course is requested by a graduate student) __________________________________ Printed Name ________________________ Date: ________________

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

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