

Central Connecticut State University Office of the Registrar Independent Study/Internship Course Registration Form

Student Information

Name:			CCSU ID:	Email:	Email:	
Street:				Telephone No.:	hone No.:	
City/State/Zip:				Major:		
Year		Гегт	Full/Part-Time	Ind Study/Internship	Class Standing	
To be completed	d by student	and faculty me	mber:			
Faculty Sponsor:					Faculty Load Credit:	
Course Number: Course Title:					Credit Hrs. (e.g., 3):	
Average Weekly	Contact Hrs. (e.g., 3, 4, 6):	CCSU Meeting Place	SU Meeting Place (classroom, office):		
List off-campus si	tes (if internat	tional, list country)	:			
Planned readings	and/or assigni	ments; Criteria and	schedule for assessing	student performance		
Is the course required for the student to complete their program? YES NO If NO, please explain the justification for the independent study and the role this course will play in the student's program.						
Lunderstand that re	aisterina for cla	asses at Central Conn	ecticut State University wi	ll generate charges that I am leg	ually obligated to pay in	
accordance with Uni	iversity paymen	nt deadlines and/or fo	ormal withdrawal policies.	I also understand that any unpa	id obligations may be referred to	
the University's cont	racted collectio	n agency and that I v	will be responsible for any	related collection costs in addition	on to the amount due.	
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Student's Signature			Date	Printed Name		
Faculty Signature			Date	Printed Name		
raculty Signature			Date	rimed Name	Trince Paine	
Department Chair Signature			Date	Printed Name		
Dean of Academic Department Signature			Date	Printed Name	Printed Name	
Dean of Graduate Studies Signature (if needed)			Date	Printed Name	Printed Name	