Central Connecticut State University
Independent Study Course Registration Form

Office of the Registrar / Enrollment Center
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 □ Spring</td>
<td></td>
<td>☐ Freshman</td>
<td>☐ Full-Time</td>
</tr>
<tr>
<td>□ Internship</td>
<td>□ Summer □ Intersession</td>
<td></td>
<td>☐ Sophomore</td>
<td>☐ Part-Time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Junior</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Senior</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Graduate Student</td>
<td></td>
</tr>
</tbody>
</table>

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:_________________________________________ Printed Name________________________ Date: ___________________

Sponsored by:_________________________________________ Printed Name________________________ Date: ___________________

Approved by:_________________________________________ Printed Name________________________ Date: ___________________

Dean of Academic School’s Signature ______________________ Printed Name________________________ Date: ___________________

Dean of Graduate School’s Signature ______________________ Printed Name________________________ Date: ___________________

*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-Enrollment Center or Registrar’s Office; copies-faculty member, chair, student, academic dean, Graduate School (if applicable)