INDEPENDENT STUDY COURSE REGISTRATION

First       Middle       Last

Permanent Address:

City       State       Zip Code

Student ID Number

Telephone Number

Major

Please circle one:

Year _____ Full-Time Part-Time

Academic Term:  Fall  Winter  Spring

Summer:  1st  2nd  8wk  Post

Independent Study  Internship

Class:  FR  SO  JR  SR

Graduate student

Section to be completed by Student and Faculty Member:

Faculty Sponsor

Course Title

Course Number

Average Weekly Contact Hrs.  Number of Credits

Faculty Load Credit Meeting Place (office, classroom)

Is part, or all of the Independent Study/Internship conducted abroad? If yes, which country: ________________________________

Course Description and its Relationship to the Student’s Program: ___________________________________________________________

Criteria for Assessing Student’s Performance: ________________________________________________________________

Evaluation Schedule: ________________________________________________________________

Planned Readings and Other Assignments: ________________________________________________________________

*If additional space is needed for the above sections please attach the second page.

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 obligations 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.

Student’s Signature                Date                Printed Name

Faculty                               Date                Printed Name

Department Chair                   Date                Printed Name

Dean of Academic Dept.              Date                Printed Name

Dean of Graduate Studies            Date                Printed Name

Please complete this form and return to Office of the Registrar for processing.

Davidson Hall, Room 116, 1615 Stanley Street, New Britain, CT 06050, Fax it to 860-832-2250 or email it to regstaff@ccsu.edu