



INDEPENDENT STUDY COURSE REGISTRATION

First Middle Last

Permanent Address: Street

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

Average Weekly Contact Hrs. Number of Credits

Course Title Course Number

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