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

Student Information

Name:	CCSU ID:	Email:
Street:	Telephone No.:	
City/State/Zip:	Major:	

Year	Term	Full/Part-Time	Ind Study/Internship	Class Standing
	Select Term			

To be completed by student and faculty member:

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 (classroom, office):	
List off-campus sites (if international, list country):		

Planned readings and/or assignments; 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.

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 Signature	Date	Printed Name
Department Chair Signature	Date	Printed Name
Dean of Academic Department Signature	Date	Printed Name
Dean of Graduate Studies Signature (if needed)	Date	Printed Name

Please print this form and submit it to the 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