

**UNDERGRADUATE/GRADUATE  
STUDENT INDEPENDENT STUDY (SIS) AND  
FACULTY WORKLOAD CREDIT FORM  
WESTERN CONNECTICUT STATE UNIVERSITY**

***TO BE COMPLETED BY STUDENT***

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Student ID # \_\_\_\_\_

Address \_\_\_\_\_

Student WCSU Email \_\_\_\_\_ Telephone# \_\_\_\_\_

Semester Requested : Fall 20\_\_\_\_ Spring 20\_\_\_\_ Intersession 20\_\_\_\_ Summer 20\_\_\_\_  
(January/March) (Circle: I, II, III or IV)

Course: \_\_\_\_\_  
(Dept) (Course Number) (SIS Topic)

Student Semester Hours: \_\_\_\_\_

***TO BE COMPLETED BY FACULTY ADVISOR***

Number of Faculty Contact Hours Per Week With Student: \_\_\_\_\_

Student Independent Study Proposal Approval: Yes \_\_\_\_\_ No \_\_\_\_\_

Request is for (check one):  
Faculty Workload Credit(s) \_\_\_\_\_ Faculty Summer/Intersession Compensation \_\_\_\_\_

Approval

Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***TO BE COMPLETED BY REGISTRAR'S OFFICE OR GRADUATE OFFICE:***

Received and Processed/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit a copy of the proposed Student Independent Study with this form. After the required signatures are obtained on this form, file the form with either the Registrar's Office (UG) on 1<sup>st</sup> floor of Old Main, Suite #102, or the Division of Graduate Studies Office (G) on 2<sup>nd</sup> floor of Old Main, Suite #206.