

**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 Name: (please print) _____

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. The proposal should include:
1) a statement of the nature of the project; 2) procedures/methods to accomplish the project; 3) timetable;
and 4) the criteria used to evaluate the student's performance. After the required signatures are obtained on
this form, file the form with either the Registrar's Office (UG) on 1st floor of Old Main, Suite #102, or the
Division of Graduate Studies Office (G) on 2nd floor of Old Main, Suite #206.

01/29/07