

**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\_\_\_\_\_

(Circle: I, II, III or IV)

Course: \_\_\_BIO\_\_\_ \_\_\_\_\_

(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 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.

01/29/07

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**1) Project Description**

**Project Title:** \_\_\_\_\_

**Project Goals:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Outline of Project/Experience:**

**2) Methods**

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 Department of Biological and Environmental Sciences  
 Student Independent Study Contract

**3) Proposed Project/Experience Timeline**

Target Dates	Commitment
<i>Add more rows as needed</i>	

**Student's Course Schedule**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Course 1</i>							
<i>Course 2</i>							
<i>Course 3</i>							
<i>Course 4</i>							
<i>Course 5</i>							

**Work Schedule: I agree to allot the following times to this project/experience:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

**We agree that the role of the mentor is to:**

**We agree that the role of the mentee is to:**

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Department of Biological and Environmental Sciences  
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#### **4) Criteria for Evaluation**

##### **Reporting**

*Expectation: All SIS students are expected to communicate and reflect on weekly activities with their mentor (including hours, through journaling or emails to mentor). Furthermore, students must complete the anonymous survey on their SIS experience.*

##### **Plan for achieving reporting expectation:**

##### **Outcomes**

*Expectation:*

1 credit SIS:

*A. End of semester reflection statement on their experience (in essay format)*

2 credit SIS:

*A. End of semester reflection statement through which the student demonstrates the ability to troubleshoot and overcome a challenge (in essay format)*

3 credit SIS:

*A. End of semester reflection statement through which the student demonstrates the ability to troubleshoot and overcome a challenge, as well as an understanding of the context of a project through the explanation of the background and significance.*

*B. Engage in a scientific dialogue and exchange of SIS project*

##### **Plan for achieving expectation:**

##### **Other Criteria**