***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 Session: I, II, III or IV)

Course:\_\_\_\_\_BIO\_\_\_\_\_\_\_\_299\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Dept) (Course Number) (SIS Title)

Student Credit Hours:\_\_\_\_\_\_\_\_\_\_

Student Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(or attached student email approval)

***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 1st floor of Old Main (#101). 01/11/18

1)

**1) Project Description**

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

**Project Goals: ­­­­­­­­­**

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

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

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

**Outline of Project/Experience:**

1)

**2) Methods**

1)

**3) Proposed Project/Experience Timeline**

|  |  |
| --- | --- |
| Target Dates | Commitment |
|  |  |
| *Add more rows as needed* |  |

**Student’s Course Schedule**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday  | Saturday |
| *Course 1* |  |  |  |  |  |  |  |
| *Course 2* |  |  |  |  |  |  |  |
| *Course 3* |  |  |  |  |  |  |  |
| *Add more rows as needed* |  |  |  |  |  |

**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:**

1)

**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**