

**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_____
(Summer Session: _____)
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

Student Signature: _____ Date: _____
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

Western Connecticut State University
Department of Biological and Environmental Sciences
Student Independent Study Contract

1) Project Description

Project Title: _____

Project Goals:

1) _____

2) _____

3) _____

Outline of Project/Experience:

2) Methods

Western Connecticut State University
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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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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