



EASTERN CONNECTICUT STATE UNIVERSITY

REGISTRAR'S OFFICE • ALVIN B. WOOD SUPPORT SERVICES CENTER

83 Windham Street • Willimantic, CT 06226 • Office: (860) 465-5224 Fax: (860) 465-4382

Approval/Permission to Register For Independent Study/Project or Internship/Practicum or Teaching Assistantship (email to registrar@easternct.edu once completed)

Important Reminder: If you have less than a **2.7 Overall GPA** and you are registering for greater than 17 total credits, you must obtain approval from the Advising Center (advise@easternct.edu).

Instructions:

1. Students and faculty project supervisors **MUST COMPLETE REVERSE SIDE.**
2. Obtain approvals from the Independent Study/Project/Internship/Practicum/Teaching Assistantship project director and the supervising department chair. Submit this form to the appropriate academic dean for final approval.
3. With dean's approval, copies of the approved form will be sent to the project director, department chair, and the Registrar's Office. Upon receipt, the Registrar's Office will process the approved registration request. (Part-time students will be sent a bill which is payable immediately.)
4. Any changes to this registration request (i.e. drop/withdrawal) are the responsibility of the student and must be submitted to the Registrar's Office prior to applicable deadline.
5. **REGISTRATIONS CAN NOT BE PROCESSED WITHOUT ALL APPROVALS!**

I have read and will comply with the above:

Student Signature (Print and Sign): _____ Date: _____
Signature required only if not using Eastern email.

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Name: _____ Eastern ID #: _____ Phone: _____
Sophomore ___ Junior ___ Senior ___ Major: _____ Overall GPA: _____
Subject / Course Number: _____ Title: _____ Credits: _____

If this is an Independent Study Replacing a Course, please list Subject and Course Number: _____

<input type="checkbox"/> Independent Study	<input type="checkbox"/> Senior Project (Visual Arts)	<u>CHECK SESSION AND WRITE IN YEAR:</u>	
<input type="checkbox"/> Internship/Practicum	<input type="checkbox"/> Individual Music	Fall	Interession
<input type="checkbox"/> Teaching Assistantship	Instruction (Perf. Arts)	Spring	Summer
T.A. Course _____		Year	_____

APPROVAL SIGNATURES:

Supervising Eastern Faculty Member

Print: _____ Signature: _____ Date: _____

Supervising Department Chair:

Print: _____ Signature: _____ Date: _____

Academic Dean:

Print: _____ Signature: _____ Date: _____

Registrar's Office Use Only: Section Code: ___ CRN: _____ Processed by: _____ Date: _____

A. Project Title (research project title or descriptive title for duties performed):

B. Objective (describe required duties or project components):

C. Reading and other materials required for project (attach reading list):

D. Outline of how the project will be conducted:

E. Outline of how the student work will be evaluated for a grade by faculty supervisor (must be completed by faculty):