

Please select one: Independent Study Directed Study Thesis

Please select one: I am a Graduate Student I am a CGCE Undergraduate I am a Day School Student*
* see "Important Information" below

To Be Completed By Student:

- 1) Student Name: (print) _____ Student ID: A _____ or, SSN: _____
- 2) Phone: _____ Street: _____ City/State/Zip: _____
(Best # to reach you or leave message)
- 3) If you will be using a tuition waiver, indicate the type of waiver** (see "Important Information" below): _____
- 4) Cumulative GPA: _____ 5) # of Credits Enrolled in Current Semester: _____

To Be Completed By Instructor:

- 1) Instructor Name: _____ Instructor Rank: _____ Preferred Phone: _____
(Print)
- 2) Course Semester/Year: _____ # of Credits: _____ Course Prefix & Number: _____ Course Title: _____
- 3) How does this course fit into the student's program of study and why is it NECESSARY this semester? (Use back if needed)

- 4) Attach SYLLABUS for details of the course, learning outcomes, readings, assessment and grading.

Required Signatures:

- 1) _____
Student Signature and Date (I have read below and agree to terms)
- 2) _____
Instructor Signature and Date
- 3) _____
Department Chairperson and Date
- 4) _____
Dean of CGCE and Date

Instructions for Completing the Independent Study/Directed Study Process:

1. Student and supervising faculty meet to agree on the requirements and scheduling of the Independent Study or Directed Study. Together, they complete this form. Student and supervising faculty sign the form.
2. Student obtains signature of approval from the Department Chair. If unable to meet with Department Chair, student may obtain approval via email and attach a printed copy to the completed form.
3. Student brings completed, signed form to CGCE front desk for staff to obtain signature of approval from CGCE Dean.
4. **When approved by the Dean, the student will be called to come into the office to register and pay for the course within 5 days. Registration after the 5 days, or registration one week or more after the start of the semester, will result in the addition of the \$100 nonrefundable delayed payment fee. Current course tuition and fees apply to independent study and directed study courses.**

Important Information:

1. *Day students are required to pay for a CGCE Independent Study/Directed Study. Participation in a DGCE independent study or directed study is **not** covered in the Day student's Day bill; this is a separate charge.
2. First year undergraduate & non-matriculated students are ineligible for independent study or directed study coursework.
3. Undergraduate students may take only one Independent Study per semester and only four toward degree completion.
4. Students must register for an Ind. Study/Directed Study **no later than the end of the first week of the semester.**
- 5.**Only matriculated students may use tuition waivers, and, only if necessary to meet the requirements of the student's program of study. Westfield State employees may only use their waivers for courses that are never offered outside the I.S./D.S. format.
6. Graduate students must have completed 15 credits toward degree to be eligible for Ind. Study or Directed Study.
7. If registration into this course brings your credit total to that of the MA state requirement for medical insurance, (6.75 credits for Graduate students, 9 credits for undergraduate students), it is your responsibility to waive the insurance online or understand that you will be charged and responsible for the published amount for medical coverage.

Office Use Only

Date Student Contacted by email and phone: 1) _____ 2) _____ 3) _____ 4) _____
Date Faculty Contacted by email and phone, (when 5 days have passed since student contact w/o registration): 1) _____ 2) _____