APPLICATION FOR INDEPENDENT STUDY

- The purpose of independent study is to provide a student with an opportunity to do extensive reading or research on a specific topic that is not offered as a regular course.
- The study consists of an in-depth study in one area with one instructor as the study supervisor.
- A project outline must be approved by the instructor who will supervise the student's work.
- Independent study is typically for one to three credits, as determined in consultation with the instructor.
- Course must be completed within semester requested. Students may earn letter grade of A, B, C, D, P, or F. Audit (“AU”) grades are not applied to Independent Study course work.
- All students will be charged full tuition at the existing per-credit rate plus books, materials and applicable fees.
- Prior to registration, approval is required from the appropriate Dean of Educational Services.
- Application must be completed and submitted to Records no later than the first week of the semester in which study is undertaken.
- PLEASE NOTE: We cannot process this application if you have an outstanding balance due at any MN State institution.

FOLLOW STEPS BELOW

1. STUDENT (Complete this section)

| STUDENT NAME ________________________________ | PHONE (___) ____________ |
| TECH ID or Star ID # ___________________ STUDENT E-MAIL ________________________________ |
| ADDRESS: ________________________________ |
| Street | City | State | Zip |

2. STUDENT and INSTRUCTOR (Student and Instructor complete this section, instructor forwards to dean)

Department in which study is to be undertaken: ________________________________ for _____ credit(s).

Instructor under whom study is to be taken: ________________________________ Semester _______ Year _______

The college catalog explicitly states that the student must have successfully completed two courses in the discipline in which the student wants to undertake independent study.

List below the two courses you have taken to meet this requirement:

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Course #</th>
<th>Course Title</th>
<th>Sem &amp; Yr Taken</th>
<th>Instructor</th>
<th>Grade</th>
</tr>
</thead>
</table>

Attach 1 page, outlining course components A-D.

(A) Subject/Course replacement
(B) Objectives:
(C) Methods of completion:
(D) Research tools

Signature of Student ________________ Date ________________
Signature of Instructor & Print full name ________________ Date ________________
(under whom study is being conducted)

3. DEAN of EDUCATIONAL SERVICES (See Shelly Bomstad (C226) to assist with the Dean’s Signature)

Signature of Dean of Educational Services ________________ Date ________________
Cost Center and Campus (CR/CC) ____________________________

4. Records Office

CID ________________
DEPT: ________ 2299____

5. Business Office

Amount Paid in Full$ ________________
Signature ________________ Date ________________

6. Human Resources

PCN ________________
Record # ________________
Pay Period End Date ________________

□ SCANNED TO SCHEDULER

Revision date: 06/28/17