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.
- Application must be completed and submitted to Records no later than the first week of the semester in which study is undertaken.
- 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.
- A project outline must be approved by the instructor who will supervise the student’s work.
- Prior to registration, approval is required from the appropriate Dean of Educational Services.
- PLEASE NOTE: We cannot process this application if you have an outstanding balance due at any MN State institution.

FOLLOW STEPS BELOW

1. STUDENT

Student Name: ___________________________ Student Tech ID/STAR ID: ___________________________

Student Email: ___________________________ Phone #: ___________________________

2. STUDENT and INSTRUCTOR

Instructor is: ___________________________

(Please Print Full Name)

Department in which study is to be undertaken: ___________________________ for ________ credits.

Is this course replacing a course offered in the catalog? □ Yes □ No If yes, what course? ___________________________

(Example: ENGL 2291)

Attach 1-page outlining course components such as syllabus or course outline and method of completion.

Signature of Student ___________________________ Date ___________________________

Signature of Instructor ___________________________ Date ___________________________

(under whom study is being conducted)

3. INSTRUCTOR MEETS WITH DEAN OF EDUCATIONAL SERVICES

Campus: □ Coon Rapids □ Cambridge

(Please select one)

Signature of Dean of Educational Services ___________________________ Date ___________________________

4. DEAN SUBMITS FORM TO RECORDS OFFICE

CID: ___________________________

DEPT: ___________________________ 2299: ___________________________ Notify FWM Updater: □