

**INDEPENDENT STUDY**

Student Name:	Star ID/Student ID:
Credits Completed to Date:	Cumulative GPA:
Course Dept/Number:	Course Title:
Credits:	Semester/Year:

**INDEPENDENT STUDY:** As defined in Article 11, Section 1, Subdivision 5 of the MSCF employment contract. Independent study assignment requires approval of the Dean of Academic Affairs. The above request is made due to the following circumstances:

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The following arrangements have been decided upon and the final grade will be determined by meeting the following expectations:

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The request is:       Approved                       Denied

Dean of Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_