



# Independent Study Proposal

Minnesota North College  
Registrar's Office  
1515 East 25<sup>th</sup> Street  
Hibbing, MN 55746  
Phone (Local): 218.293.6850  
Phone (Toll free): 888.223.8068

Students may register for one to four credits of independent study during any semester of the academic year. Students may earn a maximum of nine credits through this method. Independent study credits are accepted toward graduation.

## Procedure

1. Through student consultation with the instructor, the Independent Study Proposal is to be completed in its entirety with student and faculty signatures. The course syllabus must be attached to this proposal.
2. Submit completed proposal to the Dean's Office for review by the appropriate academic officer.
3. The Dean's determination will be emailed to the student. If approved, the student will be registered for the course.
4. Upon registration, the Independent Study processing fee (\$100) plus tuition and fees for the course will appear on the student's account and is payable by the student via their e-Services.

## Information

Student Name: \_\_\_\_\_ Tech ID: \_\_\_\_\_

Instructor: \_\_\_\_\_ Department & Course Number: \_\_\_\_\_

Number of Credits: \_\_\_\_\_

Descriptive Title (and if needed, Subtitle) for the Course: \_\_\_\_\_

Semester in which the independent study will be fulfilled: \_\_\_\_\_ (Office Use Only: CID \_\_\_\_\_)

## Checklist Items

\_\_\_\_ The course is a degree requirement.

\_\_\_\_ The course is not already offered the semester requested (or conflicts with other required courses).

\_\_\_\_ The course syllabus is included with this form and it contains:

- course description
- course objectives
- a list of meeting times between student and instructor
- any materials needed in order to fulfill the Independent Study
- assessment method(s) to be used as student completes course objectives
- any additional instructor requirements for this particular study

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Dean's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Copies to: Dean's Academic Affairs Coordinator, Registrar's Office, Student, and Instructor