

Independent Study Registration Form
OFFICE OF THE REGISTRAR
MONTANA STATE UNIVERSITY-NORTHERN

For Term: _____ **CRN #:** _____ **Delivery Location:** _____

Course Prefix: _____ **Course No.:** _____ **Course Name:** _____ **Credits:** _____

Student Name (please print) _____ **Student ID:** _____

Instructor: _____ **Instructor ID:** _____

If this is a regular University course, write its course number and title here: _____

Course Objectives (or attach syllabus)

Course Assessment (or attach syllabus)

Required Textbook(s) and/or Materials (or attach syllabus)

Briefly describe the need for the independent study

Required Signatures:

Student Date

Instructor Date

Dean or Director Date

Provost and Vice Chancellor for Academic Affairs Date

Registrar's Office use only: Course entered into Banner by: _____ Date: _____ Date Student was registered: _____
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