



GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY

OFFICE OF THE REGISTRAR

INDEPENDENT STUDY PROPOSAL FORM

Student Name: _____ ID #: _____
Course Prefix: _____ Course Number: _____ Title: _____ # of Credits: _____
Student Signature: _____ Date: _____

BY YOUR SIGNATURE, YOU ARE REQUESTING THE COLLEGE TO ENROLL YOU IN THE REQUESTED COURSE AND YOU UNDERSTAND THAT THIS MAY AFFECT YOUR BILL WITH THE COLLEGE

Policy: Independent Study

Independent Study courses provide opportunity for research and advanced study in academic topics related to a student's program of study not addressed in the catalog's course offerings. The content of the course is individualized. Such courses will be numbered x92 in accordance with the Montana University System Common Course Numbering policy. These courses of study are designed in collaboration between a student and a supervising faculty. The student and supervising faculty will detail course content, learning outcomes, amount of credit, assessment measures, deadlines, grading criteria, and amount and format of student and faculty interaction in a syllabus to be attached to the Independent Study Proposal form. The course can be graded on a traditional letter grade or pass/fail scale at the faculty member's discretion. Students can request an independent study course until the last day to add classes for the semester based on the academic calendar.

Confirm the following requirements:

- The student is not on academic probation.
The course shall not extend beyond one semester.
No more than 6 credits or fewer than 15% of the credits for the student's program are Independent Study.
A syllabus for the course is attached to this form.

Part of Term: _____ Grading method (traditional or pass/fail): _____

Mode of Delivery (Face to face, Online, Hybrid, Hyflex): _____

Room Requested for Face to Face, Hybrid, or Hyflex: _____

Days and times of face to face, Hybrid, or Hyflex courses: _____

Instructor's Name: _____

FOR INTERNAL USE ONLY

Approved for Independent Study

Instructor _____ Date _____
Advisor _____ Date _____
Division Director _____ Date _____
Chief Academic Officer _____ Date _____

NOT Approved for Independent Study

Instructor _____ Date _____
Advisor _____ Date _____
Division Director _____ Date _____
Chief Academic Officer _____ Date _____

Comments:

Submit to the Registrar's Office Entered by: _____ Student Notified by: _____