



1501 Hennepin Avenue
Minneapolis, MN 55403
612-659-6000
Minnesota Relay Service 1-800-627-3529
minneapolis.edu

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Independent Study Request

DIRECTIONS: Consult with your instructor or advisor to see if an Independent Study is an option for you. If so, use this form to submit your request.

1. Complete sections A and B; sign where indicated in Section C.
2. Obtain Instructor's signature in Section D.
3. Bring completed form to the Academic Affairs Office (K.2100) for Dean's approval. If approved you will be automatically registered for the course. The class will be listed on your schedule in eServices and the corresponding tuition/fees will be added to your student account.
4. You will receive notification once you have been registered with instructions on how to pay for the course.
5. Connect with your instructor to begin your independent study.

SECTION A. Student Information

Date _____ StarID _____

First Name _____ Middle Initial _____ Last Name _____

Campus Email _____@go.minneapolis.edu Phone (____) ____-____

MCTC is asking you to provide information that includes private and/or confidential information under state and federal law. MCTC is asking for this information in order to address your concern. You are not legally required to provide the information MCTC is requesting, however MCTC may not be able to efficiently address your concern if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interest in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent.

SECTION B. Independent Study Information

Term Fall
 Spring
 Summer Year _____

Subject MUSC Course Number 1310

SECTION C. Authorization

By signing this form, I agree to have registration processed for the requested course(s) if approved and to pay all tuition and fees associated with the course(s).

Student Signature _____ Date _____

SECTION D. MCTC USE ONLY

Upon signing, unless otherwise stated, the faculty member agrees to accept this Independent Study as agreed to under Article 11, Section 1, Subd. 5 "Independent Study Assignments" of the MSCF Faculty Contract

Approved Denied Date _____ Dean Signature _____

Print Instructor Name Elizabeth Pauly Instructor Signature _____

Academic Affairs Office

Course ID _____

Course Built By _____

Date _____

Registrar's Office

Registration Completed by By _____ Date _____

SECTION E. FORM SUBMISSION

In-person submissions, deliver to the following location:

Academic Affairs Office
K Building, room K.2100

Minneapolis Community and Technical College will not discriminate against any person because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, or status with regard to public assistance or membership in a local commission. MCTC prohibits sexual harassment and sexual violence.