

MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE
Request for Independent Study

1. Fill out the form completely.
2. Obtain all signatures from your instructor and an advisor.
3. Return the completed, signed form to the respective Dean. You will be notified of the status of your request by registration.

Date

Semester

Name

Star ID

Street and/or Post Office Box Number

City

State

Zip

Email Address

Phone Number

Course

Credits

Major

Use the space below to briefly state your reasons for requesting to take the course independently.

Student Signature

Date

Instructor Signature

recommend

do not recommend

Date

Comments:

Advisor Signature

recommend

do not recommend

Date

Comments:

Deans Signature

approved

denied

Date

Comments: