



The Graduate School
(406)994-4145 www.montana.edu/gradschool

Independent Study Course (592) Request

Available for current Graduate Students Only. This form is for department use and should be returned to the student's department upon completion.

Department _____

Year _____ course will be offered: Fall Spring Summer

Student Name: _____
Last First M.I.

Student ID#: _____

CRN	Course Rubric	Course Num.	Section Num.	Credits*
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Title of Independent Study**			Instructor's Name (please print)	
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* Be specific as to the number of credits. Check the MSU web catalog for maximum credit registration for your degree program.

** The generic title "Independent Study" will appear on the student's permanent transcript record.

Instructions:

1. On the back of this form, describe your proposal for the course, including the exact activities you will pursue for these credit(s). If a proposal needs more information, additional pages may be attached.
2. Present the proposal to the instructor for review and approval, making changes as necessary.
3. The instructor must complete the EVALUATION section on the back of this form, indicating methods of evaluation and grade assignment.

Please note:

- Maximum number of 592 credits allowed on a graduate program of study: master's thesis plan – 4 credits, master's professional paper/project plan – 6 credits; all doctoral programs – 6 credits.
- Each 592 request must include enough hours for the proposed course to justify the credits.

↩Reverse side must be completed↩

Departmental Title of this Independent Study course : _____

Fill out the following information regarding the course (attach additional pages as necessary):

Course description:

Objectives:

Required Reading: (if applicable)

Evaluation: Describe how the course will be graded (please include all relevant information such as required papers, exams, presentations, discussions, projects, deadlines, etc.).

Approval:

Student Signature _____

Date: _____

Instructor Signature _____

Date: _____

Advisor's Signature _____

Date: _____

Dept Head/Director _____

Date: _____