

Request for Offering Graduate Individual Problems Course (570)

Available for current Graduate Students Only

Montana State University
Office of the Registrar

The Department/School of _____ requests permission to
offer the following Graduate Individual Problems.

Year _____ course will be offered: Fall Spring Summer
 F6 I6 L6 All
Please choose one

Student: _____
Last Name, First Name Middle Initial

Student ID#: _____

_____	_____	_____	_____	_____
CRN	Subject Abbr.	Course Num.	Section Num.	Credits*

_____	_____
Title of Problem**	Instructor's Name – please print

* Be specific as to the number of credits. Check the MSU web catalog for maximum credit registration for your degree program.

** The generic title "Individual Problem" 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 570 credits allowed on a graduate program of study: Master's thesis plan – 4 credits, non-thesis master plan – 6 credits; all doctoral programs – 6 credits.
- Each 570 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.)

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Approved:

Student Signature _____	Date: _____
Instructor Signature _____	Date: _____
Advisor's Signature _____	Date: _____
Dept Head/Director _____	Date: _____
Graduate Dean _____	Date: _____