

MONTANA BIBLE COLLEGE  
Request for Independent Studies

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Academic Year \_\_\_\_\_ Semester \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

Class \_\_\_\_\_

Reason for Request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Course Not Offered This Semester

\_\_\_\_\_ Not a First-Year Course

\_\_\_\_\_ Not More Than 12 Credits of Independent Studies

Instructor's Signature \_\_\_\_\_

Academic Dean's Signature \_\_\_\_\_

Approved Class Name and No. \_\_\_\_\_

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Date Completed \_\_\_\_\_

Registrar's Initials \_\_\_\_\_

