MSA 691
INDEPENDENT STUDY REQUEST

CMU
CENTRAL MICHIGAN UNIVERSITY

Global Campus — Mount Pleasant, MI 48859

PROGRAM CENTER		CMU STUDENT ID NUMBER
STUDENT'S NAME (Last)	(First)	(Middle)
HOME ADDRESS (Number & Street)		
(City)	(State)	(Zip Code)

DATE SUBMITTED	HOME TELEPHONE ( ) WORK TELEPHONE ( )
ADVISOR'S NAME	MONITOR'S NAME

INSTRUCTIONS: PLEASE PRINT CLEARLY. Obtain a copy of the *MSA 691 Independent Study Guide* from your program center or advisor.

STUDENT: Please complete above information and section describing the independent study. **You must attach a copy of the proposal for the independent study and a sample bibliography.**

ADVISOR: Please review and complete Approval/Comments section of this form within one week of date submitted by the student.

PROGRAM DIRECTOR: Please review and complete monitor approval section and attach Vita and Transcripts, if required. **Submit application to Center Services, CMU Global Campus, 802 Industrial Drive, Mount Pleasant, MI 48858.**

MSA 691 INDEPENDENT STUDY DESCRIPTION

EPN & PREFIX	REQUESTED SEM. HRS.	START DATE	STUDY WILL BE COMPLETED BY:

DESCRIPTION OF INDEPENDENT STUDY:

APPROVAL/COMMENTS

Tuition: _____

Due Date: _____

Notification Sent: _____

Payment Received: _____

❑ Credit Card ❑ Check Payable to CMU

❑ Financial Aid ❑ Tuition Assistance ❑ VA

Notes:

INSTRUCTOR APPROVAL		ADVISOR APPROVAL		MSA DEPARTMENT APPROVAL	
Coordinator, Faculty Contracting	*Date*	*Advisor's Signature*	*Date*	*MSA Program Director*	*Date*

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ROUTING: Center/Advisor (cc: Advisor), Center, Program Director, Advisor, Center, Course Scheduing/Faculty Contracting
DISTRIBUTION: Financial Services (ImageNow - Student File)