



NORTHERN MARIANAS COLLEGE

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FOR ADMISSIONS & RECORDS USE ONLY

Date Received: _____ By: _____

Date of Registration: _____

Registration Form No: _____

Receipt No.: _____ Business Office Initial: _____

Request for Special Project / Independent Study

Course Creation: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Personal Information

Student Name: _____ Social Security Number: _____

Last First Middle

Project / Topic Information

Title: _____ Contact Hours: _____

Class Level: _____ Semester: Fall Spring Summer Year: _____

Course No.: _____ Course Title: _____ Credits: _____ Instructor: _____

Reason for Project / Independent Study:

Text / References / Materials to be used:

Instructional Method:

Means of Evaluation of Student's Progress:

Dean of Academic Programs & Services

Date

Student's Signature

Date

Instructor's Signature

Date

Department Chair's Signature

Date