COLLEGE OF EDUCATION
INDEPENDENT STUDY REQUEST FORM

Directions: This form must be typed, submitted in triplicate, and approved at least 2 weeks prior to registration by the Instructor and the Dean of the College of Education. (Use additional paper if necessary)

CHECK APPROPRIATE SPACE:
   _____ EDU 490 1 credit hour
   _____ EDU 490 2 credit hours
   _____ EDU 490 3 credit hours
   _____ EDU 670 1 credit hour
   _____ EDU 670 2 credit hours
   _____ EDU 670 3 credit hours

Student Name_____________________________        ID.#___________________________
Student Address_______________________________________________________________
____________________________________________________________________________

Phone# _________________________                Today's Date__________________________
Proposed Semester_____________________________

Project (please include below precisely what you expect to accomplish during this independent study including: how many times you will meet with the professor, due dates for written assignments, reading assignments, etc.)

Procedure/End Product (discuss how you will be graded, approximate length of any written assignments to be handed in, etc.)

___________________________________                                      ________________
Project Chairperson's Signature                                                          Date

___________________________________                                      ________________
Dean's Signature                                                                          Date