

**Independent Study**  
**Department of Special Education & Disability Policy**  
***TEDU 641***

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Semester: \_\_\_\_\_

Supervising Faculty: \_\_\_\_\_

**Proposal Description:** (Include the major elements and area of study, resources to be used, estimated hours of effort, and the end item(s) to be submitted to your supervising professor upon completion.)

<b>Student:</b>	<b>Supervising Faculty:</b>	<b>Department Chair:</b>
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>

