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.)

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<th>Student:</th>
<th>Supervising Faculty:</th>
<th>Department Chair:</th>
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