

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.)

Student:	Supervising Faculty:	Department Chair:
Date:	Date:	Date:

