Independent Study
Department of Teaching and Learning
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: ____________________________