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: ____________________________