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.)