**Independent Study**
Department of Teaching and Learning
**TEDU 400**

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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