PROPOSAL FOR DIRECT INDEPENDENT STUDY

Department of Educational Leadership
(561) 297-3550

Name: ___________________________________________________________    SS#: ______________________
   (Last)                                      (First)                                      (Middle)

Email: ________________________________

Address: _____________________________________________________________________________________
       (Street, City/State, Zip Code)

Department  Prefix  Course #  Sequence #  Semester  Year  Credit Hours

Specific Title of Study for Transcript

DESCRIPTION OF STUDY:

_____________________________________________________________________________________________

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APPROVALS:

Student: ____________________________________________       Date: ____________________

DIS Supervisor: ___________________________        Date: ____________________

Copy to EDL Department Semester Course Book

* This form may be viewed and printed from Microsoft Word.