



PROPOSAL FOR DIRECT INDEPENDENT STUDY

Department of Educational Leadership
(561) 297-3550

Name: _____ Z# _____
(Last) (First) (Middle)

Email: _____

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

Department Prefix Course # Semester Year Credit Hours

Specific Title of Study for Transcript

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DESCRIPTION OF STUDY:

APPROVALS:

Student: _____ Date: _____

DIS Supervisor: _____ Date: _____

Copy to EDL Department Semester Course Book

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