ITCS 6880 INDIVIDUAL STUDY PROPOSAL

Student Name: ______________________  I.D. Number: ______________

Email address: _____________________

Graduate Credit Hours Completed: ______________

Individual Study Subject: __________________________

Semester: ______________  Credit Hours (1-3): ____________

Faculty Supervisor: ________________________

Expected Student Learning

Expected Student Learning Outcomes/Objectives:

Grading/Evaluation Criteria:

Assignments (readings, description of assignments, etc.):

Student Signature: ___________________________   Date:  ___________

APPROVAL

Faculty Supervisor: _________________________________    Date:  ___________

Academic Advisor:   _________________________________    Date:  ___________

Graduate Committee/Director: _________________________    Date:  ___________