ITSC 8880 CAIS Ph.D. Individual Study Proposal
(To be completed by the student and supervising faculty member)

Student Name: ________________________________
Student ID #: ____________________________ Student Email Address: ________________________________

Supervising Instructor: ________________________________
Department: ________________________________

Course Title/Topic: ________________________________
Credit Hours (1 – 3): ____________________________ Term: ________________________________
Scheduled Meeting Time(s): ________________________________

Expected Student Learning Outcomes/Objectives:

Grading/Evaluation Criteria (please attach a syllabus including assignment due dates):

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

__________________________________________________________
Student Signature Date

__________________________________________________________
Supervising Instructor Signature Date

__________________________________________________________
CAIS Ph.D. Track Coordinator Signature Date