FLORIDA ATLANTIC UNIVERSITY
College of Education

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

DESCRIPTION OF STUDY:

APPROVALS:

Student: _____ **Date:** _____

DIS Supervisor: _____ **Date:** _____

Department Chair: _____ **Date:** _____

Revised 6/17