

## Department of Curriculum and Instruction

College of Education 777 Glades Road Boca Raton, Fl 33431-0991 Tel. 561.297.6594

## Proposal for Directed Independent Study

Department of Curriculum and Instruction

STUDENT:								
Student Name:			Z#:					
FAU Email:				Telephone:				
Address:								
	(street, city, state & zip code)							
Crse. Prefix	Course #	Sec. #	CRN#	Semester	Year	Credit Hours		
FACULTY:								
Specific Title of Study	<mark>/ for Transcript (</mark> u	p to 32 charac	cters/spaces)					
Description of Study	<mark>/:</mark>							
Objectives:								
						·		
						·		
						·		

Readings:			
APPROVALS:			
Student:Signature:	Da	nte:	
DIS Supervisor:		ate:	
Department Chair:			
Department Chair:		ate: ate:	