



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:** _____