



PROPOSAL FOR DIRECT INDEPENDENT STUDY

Department of Educational Leadership
(561) 2973550

Name: (Last) (First) (Middle) Z#

Email:

Address: (Street, City/State, Zip Code)

Department Prefix Course # Semester Year Credit Hours

Specific Title of Study for Transcript

Table with 20 empty cells for transcript title

DESCRIPTION OF STUDY:

APPROVALS:

Student: Date:

DIS Supervisor: Date:

Department Chair: Date: