Proposal for Individual Study

Department of Education - ED 596

Directed Reading and Research

Name: _____

Last **First** **Education Email** **Phone**

DEGREE OBJECTIVE	☐ MA	☐ MED	☐ PHD	☐ EDD

Major if not Education: _____

Year: _____ **Quarter:** Fall ❑ Winter ❑ Spring ❑ Summer ❑

Number of Units: _____

Describe your Individual Study Plan (REQUIRED):

_____ _____

Student Signature **Date** **Instructor Signature** ***(Not TA)*** **Date**

Return the completed and signed form to the Ed Program Office, ED 3102.
It can also be emailed to: progoffice@education.ucsb.edu
NOTE: Incomplete forms or those missing signatures will be returned to the student to complete.
Approval codes are emailed to the student.

Program Office Use - Initial & Date:	*Approval Code:*