ITCS 6880 INDIVIDUAL STUDY PROPOSAL

Student Name: ______________________  I.D. Number: ______________

Email address: ______________________

Graduate Credit Hours Completed: ______________

Individual Study Subject: __________________________

Semester: ________________  Credit Hours (1-3): ____________

Faculty Supervisor: ____________________________

Expected Student Learning

Expected Student Learning Outcomes/Objectives:

Grading/Evaluation Criteria:

Assignments (readings, description of assignments, etc.):

Student Signature: ________________ Date: __________

APPROVAL

Faculty Supervisor: ____________________________  Date: __________

Academic Advisor: ____________________________  Date: __________

Graduate Committee/Director: ____________________  Date: __________