

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:** _____