Plymouth State University
COLLEGE OF GRADUATE STUDIES

# Individual Research in Education
## ED 5580 (3 credits)

*Must be submitted with current term course registration form*

You are requesting a graduate-level Individual Research in Education. For your application to be approved, you must provide a detailed outline of your proposed work. This form must be completed and the appropriate signatures obtained before you register for the course. If more space is required in any category below, please continue on the reverse or on another page.

Today's date _____

Student ID ☐☐☐☐☐☐☐☐☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐ First Name ☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐

Home Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ City/Town ☐☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐ Zip ☐☐☐☐☐

Program: ☐ EdD ☐ CAGS ☐ MA ☐ MAT ☐ MBA ☐ MEd ☐ MS ☐ Non-Degree

Individual Research in Education Title: _____
Limited to 30 characters

Professor: _____ Start Date: _____/_____/_____ End Date: _____/_____/_____

ABSTRACT: (Overview of Proposal) _____

OBJECTIVES: (What are the specific learning outcomes which will result from this experience?) _____

PROCEDURES: (What specifically will the student do to meet those outcomes?) _____

PROPOSED BIBLIOGRAPHY: _____

Student Signature: _____

Endorsements: A professor may agree to sponsor an individual or may refuse out of respect for his or her regular teaching, research and services. Professors are not required to supervise Individual Research in Education.

Approval must be completed before course work begins.

Approved: ☐ Yes ☐ No _____ Date: _____/_____/_____
Professor

Approved: ☐ Yes ☐ No _____ Date: _____/_____/_____
Program Coordinator/Chair

Approved: ☐ Yes ☐ No _____ Date: _____/_____/_____
Associate Registrar

Mail to: Plymouth State University College of Graduate Studies - MSC 11, 17 High Street, Plymouth NH 03264-1595 or fax to: (603) 535-2572