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