

**Edd in Educational Theory, Research, and Practice
Independent Study Agreement**

Name:		B-Number:			
Email:		Advisor:			
Faculty Sponsor:		Prefix/Section:		# of credits	

Independent Study Title:

Description of Project & Rationale:

Learning Objectives:

#	Learning Objective	Tasks/Activities	Product	Time
1				
2				
3				

Criteria for Evaluation:

Meetings Dates and Times:

REQUIRED SIGNATURES:

I. Faculty Sponsor: _____

II. Doctoral Student: _____

III. Primary Advisor: _____

IV. Doctoral Coordinator: _____