Proposal for Individual Study

(ED 596, 199 or 199RA)

Name: _____
Last First Phone Number

Degree Objective:	BA	☐ FRESHMAN	☐ SOPHOMORE	☐ JUNIOR	☐ SENIOR
	GRAD	☐ MA	☐ MED	☐ PHD	☐ EDD

Major if not Education: _____

- ❑ 596 Direct Reading and Research # of units: _____ Quarter &Year: F W S _____
- ❑ 199* Independent Study # of units: _____ Quarter &Year: F W S _____
- ❑ 199RA* Independent Research # of units: _____ Quarter &Year: F W S _____

Plan of Individual Study:

_____ _____
Student Signature Date Instructor Signature Date

*__Ed 199 & 199RA Applicants__:
Please be sure you meet all prerequisites as listed in UCSB's General Catalog.

When completed and signed by the Instructor, please return to the Education Program Office, Ed 3102 for processing and an approval code.

PROGRAM OFFICE USE ONLY / ***Date Approval Code provided to Student:***

Revised 10/5/09