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, please return to the Department of Education, Administrative Office, 2314 Phelps Hall.