Proposal for Individual Study

**Department of Education - ED 596**
Directed Reading and Research

<table>
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<tr>
<th>Name:</th>
<th>Last</th>
<th>First</th>
<th>Education Email</th>
<th>Phone</th>
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**DEGREE OBJECTIVE**
- [ ] MA
- [ ] MED
- [ ] PHD
- [ ] EDD

Major if not Education: ____________________________

Year: _______ Quarter:  
- [ ] Fall
- [ ] Winter
- [ ] Spring
- [ ] Summer

Number of Units: _________

**Describe your Individual Study Plan (REQUIRED):**

Student Signature____________ Date_________  
Instructor Signature *(Not TA)*____________ Date_________

Return completed form to: **ED PROGRAM OFFICE - ED 3102**
The approval code to register will be emailed to you.

Program Office Use - Initial & Date: __________________________ Approval Code: __________________________