

# Proposal for Individual Study

## Department of Education - ED 596

Directed Reading and Research

Name: \_\_\_\_\_  
Last
First
Education Email
Phone

<b>DEGREE OBJECTIVE</b>	<input type="checkbox"/> MA	<input type="checkbox"/> MED	<input type="checkbox"/> PHD	<input type="checkbox"/> EDD
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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 the completed and signed form to the Ed Program Office, ED 3102.  
 It can also be emailed to: [progoffice@education.ucsb.edu](mailto:progoffice@education.ucsb.edu)  
**NOTE:** Incomplete forms or those missing signatures will be returned to the student to complete.  
 Approval codes are emailed to the student.

<i>Program Office Use - Initial &amp; Date:</i>	<i>Approval Code:</i>
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