Proposal for Individual Study

Department of Education - ED 596
Directed Reading and Research

Name: ________________________________________________

Last                                           First            Education Email            Phone

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 the completed and signed form to the Ed Program Office, ED 3102.
It can also be emailed to: 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.

Program Office Use - Initial & Date: Approval Code: