REQUEST FOR INDEPENDENT STUDY IN EDUCATION

Students must file this completed form in the Master of Science in Education Office before being allowed to register for MS_ED 499. This form is the only way to determine who is responsible for assigning you a grade in those courses. Requests must conform to the following conditions:

1. A Professor shall direct Independent Studies only in his/her teaching area.

2. Independent Studies shall not be substitutes for courses which are offered in the School of Education and Social Policy.

3. The plan and the goals of the Independent Study to be undertaken must be described on the reverse side of this form. The description must be approved by the Instructor and the Director of the Master of Science Program. Please be explicit about the nature of the course.

Student Information

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>I.D. # (on WildCard):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Address:</td>
<td>Phone:</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td></td>
</tr>
<tr>
<td>(Response to request will be sent by e-mail. If approved, a permission number will be included.)</td>
<td></td>
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<tr>
<td>Student's area of concentration:</td>
<td></td>
</tr>
<tr>
<td>Number of units:</td>
<td>Quarter:</td>
</tr>
</tbody>
</table>

APPROVAL OF INSTRUCTOR DIRECTING THE STUDY

I hereby approve and agree to supervise this student’s Independent Study as described on the reverse side of this form.

__________________________________________________________________________ Date
Instructor’s Signature

__________________________________________________________________________ Date
Director, Master of Science in Education

RETURN THIS FORM TO: OR FAX TO:

Master of Science in Education Program, Assistant Director (847) 467-2495
618 Garrett Place, Evanston, IL 60208

Master of Science in Education 5/09/05
Grade in Course: _________

Date: ____________________________

Instructor’s Signature

DESCRIPTION OF STUDY TO BE COMPLETED:

(OVER)