

**COLLEGE OF EDUCATION  
GRADUATE STUDENT  
INDEPENDENT STUDY FORM  
600, 700, 702 & 800**

Student's Name: \_\_\_\_\_ WSU ID: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
city state zip

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Semester (Circle one): Spring Summer Fall 20

Course (Circle one): CoPsy EdAd EdPsy SpMgt # \_\_\_\_\_ Credit # \_\_\_\_\_

Project Title: \_\_\_\_\_

**DESCRIBE** the project to be under taken. In the description also include a statement of the goals and benefits of the project, a plan for completion, a plan for supervision, a description of the resources required, and an estimate of the average number of hours per week to be devoted to the project.

**DESCRIBE** the method of evaluation. In the description give the specific performance criteria upon which the evaluation will be made and grade assigned.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Printed Name: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This form must be completed and returned to the Department office no later than the 10<sup>th</sup> day of class.***

cc: Student file  
Supervising faculty  
Student