

COLLEGE OF EDUCATION

Department of Educational Leadership and Sport Management

Department of Kinesiology and Educational Psychology

Independent Study Form

For The Following Majors: Ed_Ad, Spt_Mgmt, Kines, Ed_Psych, Coun_Psy

For the following course numbers: 600, 700, 702 & 800

Student's Name: _____ **WSU ID:** _____

Email: _____ **Phone:** () _____

Semester (check box): Spring Summer Fall **Year:** 20 _____

Course Major CoPsy Ed Ad Ed Psych Spt Mgmt Kines
(check box)

Course Number: _____ **Number of Credits:** _____

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 10th day of class.

cc: Student file
 Supervising faculty
 Student