

ITCS 6880 INDIVIDUAL STUDY PROPOSAL

Student Name: _____ **I.D. Number:** _____

Graduate Credit Hours Completed: _____

Individual Study Subject: _____

Semester: _____ **Credit Hours (1-3):** _____

(No more than 3 hours of independent study coursework allowed.)

Faculty Supervisor: _____

Study Plan, Objectives, and Justification:

Computing Resource Needed:

Outcomes: Student to submit to faculty advisor (with a copy to the Graduate coordinator) a report of work, by the last day of classes.

Reason for Independent Study:

Do not offer subject as a regular course

Other: _____

Student Signature: _____ **Date:** _____

APPROVAL

Faculty Supervisor: _____ **Date:** _____

Academic Advisor: _____ **Date:** _____

Graduate Committee/Director: _____ **Date:** _____