**College of Education** 1602 Norman Hall

School of Human Development & Organizational Studies PO Box 117049

Gainesville, FL 32611

352-273-4332

**PROPOSAL FOR INDIVIDUAL WORK**

**For advanced students who wish to undertake an individual research (independent study) project.**

Instructions: Prior to the term for which a student expects to register for individual work, and in conference with the faculty member who will supervise the study, he/she must complete this form with appropriate signatures. One copy must be retained in the office of the School Director. The student's final project report must be approved and graded by the faculty supervisor.

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| --- | --- | --- |
| **First Name** |  | |
| **Last Name** |  | |
| **UF ID Number** |  | |
| **Street Address** |  | |
| **City, State Zip** |  | |
| **Phone Number** |  | |
| **GatorLink Email** |  | @ufl.edu |

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| --- | --- | --- | --- | --- | --- |
|  | Counseling and Counselor Education (MHS) | Educational Leadership (EDA) | | Higher Education Administration (EDH) | Research and Evaluation Methodology (EDF) |
| **Major** |  |  | |  |  |
| **Semester**  **(Fall, Spring or Summer)** | | |  | | |
| **Year** | | |  | | |
| **Credits (1-6)** | | |  | | |
| **Number of Hours of 6905 Previously Completed** | | |  | | |
| Specific title to be assigned to this project for transcript purposes, abbreviate the title into 21 spaces (including spaces between words): | | |  | | |
| Description of Study: State below the purpose of the study, procedures to be followed, and nature of final report. Use reverse side if needed or attach an additional document. | | |  | | |

**APPROVAL**:

Project Supervisor Date School Director Date

**WHEN APPROVED DISTRIBUTE COPIES TO**:

Project Supervisor Student Copy Student File