

**PH.D. IN URBAN EDUCATION
EDU 897: INDIVIDUAL PROJECT**

Name: _____ Student ID: _____

Email: _____ Semester/Year: _____

Address: _____

(Mobile Phone): _____ (Other): _____

No. of Credits: _____ Year Admitted to Program: _____

Objective(s): In this project, what outcome(s) are you seeking?

Learning Activities: What will you do to achieve the stated outcome(s)? When will these be completed? Include in your response a listing of resources needed.

Evaluation: How will the supervisor be able to determine if the outcome(s) were achieved? (paper, oral report, etc.)

Approvals:

Project Supervisor

Director of Doctoral Studies

PLEASE NOTE: Agreement to supervise an independent study project must be secured prior to registration. This form must be filed with the Office of Doctoral Studies (JH 215) no later than the third week of the semester. Non-adherence to this procedure will result in a grade of X.

08/2014