

University of Texas at El Paso
Department of Educational Leadership and Foundations

Master's and Doctoral Level
Directed Independent Study Agreement

Student Name: _____ Date: _____
(Please Print)

Student SS#: _____ Semester: _____

Student's background and preparedness:

Purpose of the independent study:

Goals for the independent study:

Evaluation procedures:

Project description:

On a separate page please provide a brief project description.

Faculty Approved: _____ Date: _____

Faculty Disapproved: _____ Date: _____