

\_\_\_\_\_ Semester

**EDUCATIONAL PSYCHOLOGY, COUNSELING, AND SPECIAL EDUCATION**

**Independent Study/Problems and Projects Descriptions**

*Note: To register, you will also need to complete a Drop/Add form.*

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Advisor: \_\_\_\_\_

EDPSY \_\_\_\_\_ SPSY \_\_\_\_\_ SPLED \_\_\_\_\_ CNPSY \_\_\_\_\_ CN ED \_\_\_\_\_ RHS \_\_\_\_\_

Course Schedule #: \_\_\_\_\_ 296 496 594 596

# Credits: \_\_\_\_\_

***Description:***

Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Supervising Faculty Member

Date: \_\_\_\_\_

\_\_\_\_\_  
Student

Copies:      Student  
                 Supervisor  
                 Program Secretary