



THE UNIVERSITY of
MISSISSIPPI

Department of Teacher Education Advance Individual Study Form

Student Name: _____ Student ID #: _____

Semester/Year: _____

Course Title & Hours:

- EDCI 651, Advanced Individual Study: _____
- EDEC 651, Advanced Individual Study: _____
- EDEC 652, Advanced Individual Study: _____
- EDEL 651, Advanced Individual Study: _____
- EDEL 652, Advanced Individual Study: _____
- EDRD 651, Advanced Individual Study: _____
- EDRD 652, Advanced Individual Study: _____
- EDSE 651, Advanced Individual Study: _____
- EDSE 652, Advanced Individual Study: _____
- EDSP 651, Advanced Individual Study: _____
- EDSP 652, Advanced Individual Study: _____

Purpose: _____

Product: _____

Timelines: _____

Grading Expectations: _____

Instructor Comments: _____

At the beginning of the semester, submit a signed copy of this form to the Department of Teacher Education, Guyton Hall 316.

Beginning Course Signatures

Ending Course Signatures

Student's Signature

Date

Student's Signature

Date

Faculty's Signature

Date

Faculty's Signature

Date

Chair/Assistant Chair's Signature

Date

Chair/Assistant Chair's Signature

Date

Copy to: Student _____ Faculty _____ Department _____