Lynch School Boston College

## Readings & Research / Independent Study Proposal

Student and supervising faculty member should discuss this proposal prior to its completion by the student. Use additional pages as needed and submit final form to the Graduate Office via this link http://bit.ly/GradOfficeFormSubmission

| Eagle I.D. Number:   | Email  |
|--|--|
| Student's Full Name:   | Degree   |
| Supervising Faculty Name:  | Registration Semester  |
| Please complete the following regarding your propose   | ed study:  |
| Topic of your proposed study:  |  |
| Objectives of your proposed study (list 2-3 major objecti  | ves):  |
| Research and/or proposed activities in which you will be   | engaged to meet the above objectives:                                      |
| Outcomes by which you will demonstrate that you have n   | net the above objectives:  |
| Nature and frequency of contact with the professor:  |  |
| What educational objectives will this independent study ror within the consortia?  | neet that cannot be addressed by a course at BC                            |
| Which Department/Course Number will you be a   | registered for:  |
| ☐ Teacher Ed/Special Ed/C&I – EDUC7101 ☐ Counseling Psychology/ADEP – APSY7101 ☐ MESA – MESA7101 ☐ Ed. Leadership/Higher Education – ELHE710 ☐ Learning Engineering - LREN7101 | How many credits will you be registered for:  1 Credit 2 Credits 3 Credits |
| Signature of Student   | Date   |
| Signature of Supervising Faculty Member  | Date   |
| Office Use Only: Initial and date when student is registered:  |  |

After final action: original to student file, electronic copy to supervising faculty and student.