INDEPENDENT STUDY APPROVAL FORM

The Department of Special Education approves the enrollment of

_____ in SP ED _____ for _____ hour(s) of

credit. Semester: _____. The instructor working with this student is

_____. Content and products of this independent study:

_____

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_____

Final Product: _____

Grading Criteria:_____

_____

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_____ _____

Instructor's Signature Department Head Signature