

SPECIAL PROGRAM/ INDEPENDENT STUDY FORM

School of Education
University of Delaware

NOTE: Special Problem Form should be completed and signed by appropriate parties prior to registration for any special program course. Please check with special program advisor for correct course and sequence number. After approval and registration, students should complete the Independent Study/DLE Agreement webform.

STUDENT NAME: _____ DOB: _____

STUDENT UD ID: _____ PROGRAM: _____

COURSE NUMBER (Check one):

- EDUC 366 EDUC 466 EDUC 566 EDUC 666 EDUC 866

SEMESTER: _____ YEAR: _____ SECTION NO.: _____ CREDITS: _____

COURSE TITLE (25 CHARACTERS):

Statement of Problem:

Methods of Procedures:

Working Bibliography:

Method of Assessment or Evaluation:

Degree, State Certification, or Professional Development Compliance: (if applicable)

Date study is to be completed and in hands of special problem advisor to be considered for passing grade: _____

Signature of Student: _____ Date: _____

Signature of Special Problem Advisor: _____ Date: _____

Signature of School Director: _____ Date: _____