

Department of Special Education and Rehabilitation
Individual Study Course Planning Form
SPED 4910 - URCO

Student _____ Student # _____

Address _____

Qtr: *F Sp*

Year _____

Phone _____

Have Car? Yes No

E-mail _____

Date _____

Supervisor for SPED 4910

Course SPED 4910 Credit Hours _____ Type of grade: PASS/FAIL

Title of course/project UNDERGRADUATE RESEARCH AND CREATIVE OPPORTUNITIES

Will there be a required product? No

Briefly describe activities to be undertaken (what, when, where, with whom)

_____ will volunteer _____ contact hours in a(n)

classroom over _____ semester 20 _____.

Will there be ongoing supervision through the semester? No

How will the work/product be evaluated for purposes of assigning a grade?

_____ will record his/her contact hours throughout the semester. At the end of the

semester, he/she will have the cooperating teacher sign to verify the hours. He/She will bring a copy

of the signed volunteer hours to Darcie Peterson by _____.

If the work is not completed by the end of the semester, what grade will be assigned?

(e.g., IC, IF)

IF

Supervisor's signature

Student's signature

White copy for department secretary
Yellow copy for instructor
Pink copy for student