COLLEGE OF EDUCATION
LEHIGH UNIVERSITY

INDEPENDENT STUDY OR FIELD STUDY AGREEMENT

Date

1. Name ____________________________________________________________

2. Program __________________________________________________________

3. Course (check one)                                               Cr. Hrs.                  Semester
   Educ 494
   (Field Work)                                                      ______________________  ____________
   Educ 495
   (Independent Study and Research)                                 ______________________  ____________

4. Project Title _____________________________________________________

5. Proposal Description (Attach a separate, typed presentation of the proposal)

   The proposal should include:
   a. A precise statement of the problem,
   b. The methodology to be used,
   c. The anticipated end product, and
   d. The criteria to be met.

6. Previous Internship/Independent Studies/Field Work: ________________________________

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

7. Student's Signature ___________________________ Date ______________

8. Independent Study & Research/Field Study Advisor Approval:

   Signature ___________________________ Date ______________

9. Academic Advisor Approval:

   Signature ___________________________ Date ______________

THIS PROPOSAL SHOULD BE SUBMITTED TO THE ACADEMIC ADVISOR AND INDEPENDENT/FIELD STUDY ADVISOR PRIOR TO REGISTRATION. EXCEPTIONS TO THIS REQUIREMENT ARE TO BE CLEARED WITH THE PROGRAM COORDINATOR.