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| UA_Seal_CMYK | The University of Akron | **TAG?** | |  | Yes |  | No |
| LeBron James Family Foundation | **Course No.** |  | | | | |
| College of Education | **Course Title** |  | | | | |
|  | **SYLLABUS MUST BE ATTACHED FOR APPROVAL** | | | | | |
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**INDIVIDUALIZED STUDY SHEET**

(circle one) Independent Field Research Master’s Dissertation Special Masters

Study Experience Project Problem Hours Projects Thesis

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| STUDENT’S NAME |  |  |  |

LAST FIRST MIDDLE

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| UA ID # |  | PHONE # |  | E-MAIL : | @zips.uakron.edu |

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| INSTRUCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **INSTRUCTOR I.D. NO.** |  |

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| **I recommend that this student take the above course for the following reasons:** |  |
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| **Requirements to be fulfilled for student to earn credit**: |  |
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| See attached syllabus | |
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Faculty Member’s Signature Date Department Chair’s Signature Date

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| **NOTE**: NO LOAD CREDIT WILL BE GIVEN UNLESS THIS FORM IS COMPLETED AND APPROVED BY THE DEAN OR ASSOCIATE DEAN IN THE COLLEGE OF EDUCATION. |  |  | |
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|  | | Dean/Designee Date |

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| FOR DEPT. USE ONLY | Student registered by: |  | Initials |  | Date |