## ITSC 8880 INDIVIDUAL STUDY PROPOSAL

Student Name:	ID Number:
Email address:	<del></del>
Semester:	Credit Hours Completed:
Individual Study Subject:	
Program Track:	
Faculty Supervisor:	
Study Plan, Objectives, and J	ustification:
Computing Resource Needed:	•
Student Signature:	Date:
APPROVAL	
	Date:
	Date:
Track Coordinator:	Date: