

The University of Nevada, Las Vegas  
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY  
**APPROVAL FOR INDIVIDUAL STUDY/RESEARCH COURSES**  
**(EPY 780, 782, 783, 787)**

Name SS# Date

Address City State/Zip

Phone Semester Year

Status: Graduate Undergraduate Other (Specify)

Course Number Credits

Description of Proposed Project, Area of Study, etc.  
(Must be submitted prior to registration.)

Approved:

Student \_\_\_\_\_ Date \_\_\_\_\_

Student's Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Dept. Chair/Grad. Coord. \_\_\_\_\_ Date \_\_\_\_\_