

Certificate in Professional Development
Department of Educational Policy and Administration
College of Education and Human Development
University of Minnesota

PROPOSAL FOR INDEPENDENT STUDY AS ELECTIVE OPTION

One of the options for the elective course work requirement for the Certificate in Professional Development is to design and carry out an individualized learning option. Examples include: evaluation of a current curricular initiative; design of a comprehensive staff development initiative; an internship or mentorship focused on staff development policy, research, or practice; an in-depth study of a particular staff development or instructional design.

If you are interested in the independent study option, complete and submit this form to the Certificate in Professional Development Coordinator for approval at 330 Wulling Hall, 86 Pleasant Street SE, Minneapolis, MN 55455-0221. The information you provide should represent your “best thinking” at this time, knowing that the project may evolve in different ways during your learning process.

(1) Learning Project Title:

(2) Learning Objectives: *What do you want to learn?*

(3) Learning Design: *What will be your learning process?*

(4) Learning Outcomes: *What evidence will you provide about your learning?*

(5) Learning Product: *How will your project product be formatted?*

(6) Professional Development: *How will this learning project contribute to your capacities as a facilitator of staff learning in your current or a future position?*

(7) Organizational Contribution: *How might this learning project contribute to your school/organization? Are there specific audiences with whom you anticipate sharing your learning process and outcomes?*

(8) Learning Project Length: *When would you begin and plan to complete your project?*

(9) Proposed Number of Semester Credits: _____
(1 credit = approximately 45 hours of work.)

Activities

Estimated # of hours

<u>Activities</u>	<u>Estimated # of hours</u>
_____	_____
_____	_____
_____	_____
_____	_____

(10) Signatures

Student Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____