

05.FOR.01

UNDERGRADUATE DIRECTED INDIVIDUAL STUDY AGREEMENT

(Revised by the COB Advisory Council, January 5, 2005)

(Approved, COB Faculty, January 10, 2005)

(Reviewed April 2012, March 9, 2018)

STUDENT: _____ Student ID _____ SEMESTER: _____ YEAR: _____
MAJOR _____ G.P.A. IN MAJOR* _____
ADDRESS: _____ PHONE NO. _____
CITY: _____ STATE: _____ ZIP: _____
FIELD/TITLE OF STUDY: _____
PROFESSOR: _____ COURSE: _____
CALL NO. _____ SEM. HRS. _____

DESCRIPTION OF PROPOSED STUDY AND END PRODUCT REQUIRED:
(Attach additional page if necessary)

OBJECTIVES OF STUDY: (Attach additional page if necessary)

SPECIFIC METHOD OF EVALUATION: (Attach additional page if necessary)

Signature of Student _____ Date _____

Academic Advisor (verification of GPA) _____ Date _____

Professor _____ Date _____

Department Chair _____ Date _____

Dean/Assoc. Dean _____ Date _____

*A minimum G.P.A. of 3.00 in major is required.