

05.FOR.02

GRADUATE DIRECTED INDIVIDUAL RESEARCH OR READING AGREEMENT
TEXAS A&M UNIVERSITY-CORPUS CHRISTI, COLLEGE OF BUSINESS

(Revision draft August 2005)

(Revised by COB Advisory Council November 11, 2006 and Approved by COB Faculty May 8, 2007)

(Revised April 2012 and Reviewed March 9, 2018)

(Revised and Approved by COB Faculty December 6, 2018)

Student: _____ Banner ID#: _____
Email Address: _____ Phone #: (____) _____
Field/Title of Study: _____ Course #: _____ 5396 _____
Semester: _____ Year: _____ Sem. Hrs: _____
Professor: _____ CRN #: _____ Student's Program: _____

Description of Proposed Study and End Product Required:

Specific Method of Evaluation:

A complete syllabus must be provided with this form before signatures are added. The syllabus must conform to the standardized syllabus template, including a full list of learning objectives, requirements of the proposed study, and timetable for completion.

Signature of Student

Date

Signature of Professor Offering Course

Date

Signature of Department Chair

Date

Signature of Director of Master's Programs

Date