

Undergraduate Directed Individual Study Agreement

TAMU-CC College of Education and Human Development

Student: _____

Banner ID#: _____

Email Address: _____

Phone #:(____) _____

Course Title: _____

Course #: _____ 4396

Semester: _____ Year: _____

Sem. Hrs: _____

Professor: _____ CRN #: _____

Student's Major: _____

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.

Student should have a minimum G.P.A. of 3.00 in his/her major.

G.P.A. in Major or reason for exemption: _____

Signature of Academic Advisor

Date

Signature of Student

Date

Signature of Professor Offering Course

Date

Signature of Department Chair

Date

Signature of Associate Dean

Date