

Graduate Directed Individual Research or Reading Agreement

TAMU-CC College of Education and Human Development

Student: _____

Email Address: _____

Banner ID#: _____

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