

05.FOR.02

GRADUATE DIRECTED INDIVIDUAL RESEARCH OR READING AGREEMENT

(Revision draft August 2005)

(COB Ad. Council, November 11, 2006. Approved by COB Faculty May 8, 2007)

(Revised April 2012)

(Reviewed March 9 2018)

STUDENT: _____ ID# A _____ SEMESTER: _____ YEAR: _____

ADDRESS: _____ PHONE NO. _____

CITY: _____ ZIP: _____ FIELD/TITLE OF STUDY: _____

PROFESSOR: _____ COURSE: _____

CALL NO. _____ SEM. HRS. _____

DESRPTION OF PROPOSED STUDY AND END PRODUCT REQUIRED:

OBJECTIVES OF STUDY: (Attach additional page if necessary)

SPECIFIC METHOD OF EVALUATIONS:

Signature of Student _____ Date _____

Professor _____ Date _____

Department Chair _____ Date _____

Director of Master's Programs _____ Date _____