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: ______________________________________

__________________________________  Date
Signature of Academic Advisor

__________________________________  Date
Signature of Student

__________________________________  Date
Signature of Professor Offering Course

__________________________________  Date
Signature of Department Chair

__________________________________  Date
Signature of Associate Dean