

Agreement for Study
in an
Individualized Topic Course

Index No. (required)

Course No. Section _____
Course Title

Semester Term - Year _____
Department _____/_____/_____
Date

Name of Student _____
Major _____
ID#

Name of Faculty Member have agreed that the student
will make an individualized
study of the following topic:

Title of the Study

Purpose, Scope, & Method:

Signature of Student

Signature of Faculty Member

Signature of Graduate Director

Signature of Department Chair

*Submit this form to the office for approval before registration.