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. ___________

DESCRIPTION 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 _________________________