**05.FOR.01**

**UNDERGRADUATE DIRECTED INDIVIDUAL STUDY AGREEMENT**

(Revised by the COB Advisory Council, January 5, 2005)
(Approved, COB Faculty, January 10, 2005)
(Reviewed April 2012, March 9, 2018)

<table>
<thead>
<tr>
<th>STUDENT: _______________</th>
<th>Student ID__________</th>
<th>SEMESTER: _____</th>
<th>YEAR: _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAJOR _____________________</td>
<td>G.P.A. IN MAJOR*_______</td>
<td>ADDRESS: ________________</td>
<td>PHONE NO. _______</td>
</tr>
<tr>
<td>CITY: _______________</td>
<td>STATE: ____________</td>
<td>ZIP: _____________</td>
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<tr>
<td>FIELD/TITLE OF STUDY: _____________</td>
<td></td>
<td>PROFESSOR: _______________</td>
<td>COURSE: ______________</td>
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<tr>
<td>CALL NO. _______________</td>
<td>SEM. HRS._____________</td>
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**DESCRIPTION OF PROPOSED STUDY AND END PRODUCT REQUIRED:**
(Attach additional page if necessary)

**OBJECTIVES OF STUDY:** (Attach additional page if necessary)

**SPECIFIC METHOD OF EVALUATION:** (Attach additional page if necessary)

Signature of Student_____________________________ Date___________

Academic Advisor (verification of GPA)_______________Date___________

Professor_____________________________ Date___________

Department Chair_____________________________Date___________

Dean/Assoc. Dean_____________________________ Date___________

*A minimum G.P.A. of 3.00 in major is required.*