05.FOR.01
UNDERGRADUATE DIRECTED INDIVIDUAL STUDY AGREEMENT
TEXAS A&M UNIVERSITY-CORPUS CHRISTI, COLLEGE OF BUSINESS
(Revised by the COB Advisory Council January 5, 2005 and Approved by COB Faculty, January 10, 2005)
(Reviewed April 2012, March 9, 2018)
(Revised and Approved by COB Faculty December 6, 2018)

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