

**TEXAS A&M UNIVERSITY-CORPUS CHRISTI
COLLEGE OF BUSINESS
DIRECTED INDIVIDUAL STUDY AGREEMENT**

STUDENT: _____ S.S.# _____ SEMESTER: _____ YEAR: _____

ADDRESS: _____ PHONE NO. _____

CITY: _____ ZIP: _____ FIELD/TITLE OF STUDY: _____

PROFESOR: _____ COURSE: _____

CALL NO. _____ SEM. HRS. _____

DESRPTION 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 _____