

STUDENT/FACULTY AGREEMENT

UNIVERSITY OF MINNESOTA CROOKSTON

- DIRECTED STUDIES
- INDIVIDUAL STUDIES

STUDENT INFORMATION

Student's Name: _____ I.D. Number: _____

Major: _____ Fr: So: Jr: Sr:

DEPARTMENT INFORMATION

Faculty Member: _____ Class # (5 digit)* _____

Course # (XYZ 1803): _____ Course Title: _____

Semester: _____ Year: _____ No. of Credits: _____ Grading: A/F S/N:

COURSE INFORMATION **

Section 1: Project Title

Section 2: Learner Outcomes

Section 3: Methodology & Resources to be used (i.e. how the study will be conducted)

Section 4: Results to be Evaluated (e.g. written paper, artwork, presentation, etc.)

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Section 5: Criteria for Evaluation and Weight of Criteria

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Section 6: Periodic Updates (i.e. when & what specific items must be submitted to show progress)

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Section 7: Date the Study will be completed

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SIGNATURES

Department Head Signature: _____ Date: _____

Faculty Member's Signature: _____ Date: _____

Academic Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

- Step 1: The student must complete this form in consultation with the academic advisor & faculty member.**
- Step 2: The student, academic advisor, & faculty member must sign and submit this form to the dept. head.**
- Step 3: The department head reviews the project for approval and keeps a copy for the academic dept. file and makes a copy for the advisor & faculty member.**
- Step 4: Once approved, the department submits this form to the Office of the Registrar.**
- Step 5: The Office of the Registrar will create a class section, register the student, and image the document.**

NOTE: Registration can only be completed in the Registrar's Office with the proper form fully completed.

***Please provide the 5 digit class number if one has been created.**

****A course syllabus may be provided in lieu of the course information (sections 1-7).**