STUDENT-FACULTY COURSE AGREEMENT FORM

Student Name: ____________________________  ID#: _______________________

Phone #:         Day: ________________________  Eve: ___________________

Course number: __________________________  Semester: _______________

Points for Credit: _________

Class Type: (Circle One): MA Thesis Research  Dissertation Research
Independent Study  Direct Study  Other: __________________________

I agree to work with this student for the course listed above and to assign a grade at the end of the semester based EITHER on research completed during the semester OR on the completed written work.

Faculty Signature_________________________________ Name_________________________

Today’s Date____________________________

Administrator’s Signature_________________________ Date: _______________