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: ____________