Agreement for Study in an Individualized Topic Course

Course Number __________________ Section __________ Course title __________

Semester/Term – Year __________ Department ________ Date __________

Name of Student __________________ PLID __________________

and

Name of Faculty Member

have agreed that the student will make an Individualized study of the following topic:

Title of the Study __________________

Signature of Student __________________

Signature of Faculty Member __________________