

# 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

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

## Section 7: Date the Study will be completed

**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).**