

College of Continuing & Professional Studies

UNIVERSITY OF MINNESOTA

CCAPS Undergraduate Programs STUDENT/FACULTY AGREEMENT Directed Study

Please type your information into the shaded areas, using the tab key to move between spaces.
Note to the student: This may generate additional sheets.
Save as a new document, and forward to UP office as an attachment.

- ABus 4993 Directed Study
 INet 4193 Directed Study
 CMgt 4193 Directed Study

- HSM 4193 Directed Study
 OTHER (specify)

Student name U of MN ID#

Student email address Telephone

Faculty supervisor name

Term: Fall Spring Summer Year:

Credits Grade base (Check One) A/F S/N Anticipated completion date

Project Title (your own)

Learning Objectives

Methods and resources to be used (e.g. books, articles, workshops, employer)

Results to be evaluated (e.g. written paper, presentation)

Student signature

Date

Approved – faculty supervisor signature

Date

Approved – UP faculty director signature

Date

STEPS FOR AGREEMENT APPROVAL:

Student:

1. Obtain faculty supervisor
2. Work with faculty supervisor to complete study plan; get supervisor's signature
3. Send Agreement to CCAPS Undergraduate Programs business office (cross047@umn.edu).

CCAPS Undergraduate Programs Business Office:

1. Upon receiving completed/signed Agreement from student, send to appropriate CCAPS Undergraduate Programs faculty director for final approval
2. When final approval is in place, send copies of fully approved Agreement to
 - a. Student (along with permission number to enable registration)
 - b. Supervising instructor
 - c. Student's academic adviser

Permission # _____ provided on _____ by _____ (UP initials)

UP Office: Distribute Agreement as listed below.

FOR OFFICE USE ONLY:

Student Supervising Instructor Faculty Director Academic Adviser UP Office 3/28/2018