CCAPS Undergraduate Programs
STUDENT/FACULTY AGREEMENT
Directed Study

[ ] ABus 4993 Directed Study    [ ] HSM 4193 Directed Study
[ ] INet 4193 Directed Study    [ ] OTHER (specify)
[ ] CMgt 4193 Directed Study

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