

# INDIVIDUAL INSTRUCTION CONSENT FORM

*Turn this form in to the Graduate Student Services Office in SZB 436J  
Before Attempting to Register for Individual Instruction.*

**\*\*\* YOU MUST ADD YOURSELF TO THE COURSE(S) YOU LIST BELOW.\*\*\***

Name: \_\_\_\_\_ UTEID \_\_\_\_\_ Date \_\_\_\_\_ Semester \_\_\_\_\_

Home/ cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

<u>COURSE</u>	<u>UNIQUE#</u>	<b>Grading:</b>		<u>COURSE</u>	<u>UNIQUE#</u>	<b>Grading:</b>	
		<u>CR/NC?</u>	<u>Letter?</u>			<u>CR/NC?</u>	<u>Letter?</u>
EDC 196T Dir. Research	_____	<input type="checkbox"/>	<input type="checkbox"/>	EDC 377 UG Conf.	_____	<input type="checkbox"/>	<input type="checkbox"/>
EDC 396T Dir. Research	_____	<input type="checkbox"/>	<input type="checkbox"/>	EDC 698P Internship	_____	<input type="checkbox"/>	<input type="checkbox"/>
EDC 197V Ind. Study	_____	<input type="checkbox"/>	<input type="checkbox"/>	EDC 398R Report	_____	<input type="checkbox"/>	<input type="checkbox"/>
EDC 397V Ind. Study	_____	<input type="checkbox"/>	<input type="checkbox"/>	EDC 698A Thesis	_____	<input type="checkbox"/>	<input type="checkbox"/>
EDC 398P Internship	_____	<input type="checkbox"/>	<input type="checkbox"/>	EDC 698B Thesis	_____	<input type="checkbox"/>	<input type="checkbox"/>

To: Instructor and Student

In the space below, please briefly outline the proposed program of study for this course and the evidence of that study (i.e. laboratory notes, annotated bibliographies, or successful completion of a departmental examination.)  
[Statement is required for all Individual Instruction courses except EDC 698A/B, Master's Thesis, or EDC 398R, Master's Report.]

**I certify this form is correct and agree to supervise this student in the individual instruction course indicated above.**

Professor's Signature \_\_\_\_\_ Professor's UTEID \_\_\_\_\_

Professor's Signature \_\_\_\_\_ Professor's UTEID \_\_\_\_\_

Professor's Signature \_\_\_\_\_ Professor's UTEID \_\_\_\_\_

**I certify this form is correct.**

Student's Signature \_\_\_\_\_

**For Departmental Use:** Permission entered on computer by \_\_\_\_\_ (Initials), on \_\_\_\_\_ (Date) 01/20/16 (asf)