

# STEM 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: \_\_\_\_\_

COURSE	UNIQUE#	Grading:		COURSE	UNIQUE#	Grading:	
		CR/NC?	Letter?			CR/NC?	Letter?
STM 196T Dir. Research	_____	<input type="checkbox"/>	<input type="checkbox"/>	STM 698A Thesis	_____	<input type="checkbox"/>	<input type="checkbox"/>
STM 296T Dir. Research	_____	<input type="checkbox"/>	<input type="checkbox"/>	STM 698B Thesis	_____	<input type="checkbox"/>	<input type="checkbox"/>
STM 396T Dir. Research	_____	<input type="checkbox"/>	<input type="checkbox"/>	STM 398R Report	_____	<input type="checkbox"/>	<input type="checkbox"/>
STM 197V Indep. Study	_____	<input type="checkbox"/>	<input type="checkbox"/>				
STM 397 V Indep. Study	_____	<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 Directed Research and Independent Study courses]

**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 \_\_\_\_\_

Co-supervisor Signature (if any) \_\_\_\_\_ UTEID \_\_\_\_\_

**I certify this form is correct.**

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

**For Departmental Use:** Permission entered on computer by \_\_\_\_\_ (Initials), on \_\_\_\_\_ (updated 12/12/17 ASF)