

485/685 Directed Studies Form

This form should be filled out with Adobe Acrobat and routed for signatures. Any questions may be directed to the Office of Records at records@qatar.tamu.edu

A. Student Information

NAME (last, first)

UIN

Current Phone Number

Email Address

B. Course Information

Research for:

Semester

Year

Credit hours:

Contact hours/week:

The expectation is that students should obligate a minimum 3 hours of lab time per week per credit hour (for a long term). The workload per week will vary depending on the project and part of term. Students are required to consult with their intended professor of record to determine expectations for the agreed upon number of credit hours before completing the form.

RESEARCH TITLE

****Research Description/ Student Objectives****

Please attach research description and student objectives in the form of a 1-2 page typed document.

STUDENT SIGNATURE

DATE

PROFESSOR SIGNATURE

DATE

PROGRAM CHAIR SIGNATURE

DATE

ASO/Records Use Only

Meets Degree Requirements:	Yes	No	Requirement:
Academic Services Office:			Date:
Office of Records			Date: