

Conference Course Agreement Form

Student Name: _____

UT EID: _____ Date: _____

Email: _____

Semester: _____ Date: _____

***Check one:**

PA 389 (3 credits): _____

PA 189 (1 credit): _____

Unique Course number: _____

***Course registration option (select ONE of the following grading options):**

Registration on a **letter grade basis:** _____

Registration on a **Cr / Ncr (Credit / No Credit) basis:** _____

Provide more extensive plan of study (attach syllabus as appropriate):

Topic: _____

Proposed timeline: _____

Proposed product(s): _____

Supervising professor signature: _____ Date: _____

PRINT instructor name: _____

Graduate Advisor signature: _____

Student signature: _____

Graduate Coordinator initials: _____ Date received: _____

Return form to the LBJ School Graduate Program Coordinator in SRH 3.102 (OSAA offices) for registration approval PRIOR to registering for the course.