

## **Conference Course Agreement Form**

Student Name:	
UT EID:	Date:
Email:	
Semester:	Date:
	*Check one:
	PA 389 (3 credits):
	PA 189 (1 credit):
Uı	nique Course number:
*Course registration	option (select ONE of the following grading options):
·	on on a letter grade basis:
<del>-</del>	on a Cr / Ncr (Credit / No Credit) basis:
Frovide more extensive plan of si	tudy (attach syllabus as appropriate):
Topic:	
Proposed timeline:	
Proposed product(s):	
Supervising professor signature:	Date:
PRINT instructor name:	
Graduate Advisor signature:	
~	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.

The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information, and to have the University correct any of that information that is incorrect. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, P.O. Box 8179, Austin, TX 78713 (email: cfo@www.utexas.edu).