

Conference Course Agreement Form

Check one: PA 389__ or 189__

Student Name: _____

UTEID: _____ Date: _____

E-mail: _____

Semester : _____ Year: _____

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

Registration on the Letter Grade basis

Registration on the Cr/Ncr (Credit/No Credit) basis

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

Topic:

Proposed time line:

Proposed product(s):

Supervising Professor Signature: _____ Date: _____

*Must be LBJ Faculty with teaching title

(PRINT instructor name) _____

Student's Signature: _____ Date: _____

Coordinator Initials: _____ Date Received: _____

(Return form to the LBJ School Graduate Program Coordinator in SRH 3.104A for registration approval PRIOR to registering for course)

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