

IOWA STATE UNIVERSITY
SCHOOL OF EDUCATION
ADVANCED SPECIAL TOPICS (690) COURSE AGREEMENT

Student _____

Local Address _____ Phone _____

Date of Request _____ to be taken _____
Semester Year

As of this date, do you have any Incompletes? _____ If so, list:
Yes No

Course Number Requested _____ Credits Requested _____

State below the purpose of the study and the specific work to be done.

Please outline the time commitment of the student

Please state the intended outcome and assessment methods.

Signature of student _____

Signature of instructor agreeing to direct the work _____

*Action of School of Education Director of Graduate Education: APPROVE DENY

Signature Date

Comments:

*After action, one copy will be returned to student; one to instructor; and one on file until project is completed and grade submitted.