

IOWA STATE UNIVERSITY  
SCHOOL OF EDUCATION  
SPECIAL TOPICS (590) 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.