

AGRI 399 Independent Study Criteria Restricted Course Approval Form

- This documentation serves as a written agreement between a Department of Agriculture Faculty member and an undergraduate student as regards the objectives and expected outcomes of the student's AGRI 399 project.
- Once completed this form must be signed by both the faculty member and the student in order to receive a restricted course override.
- The Department of Agriculture will remove the restriction from the course, but it is your responsibility to register for the course.

Course: AGRI - 399

Credit Hours: 1.0 / 2.0 / 3.0 / 4.0 (**Highlight one**)

CRN: _____ (This number is found on the online schedule of classes)

Semester: _____

Student Name: _____ WKU ID #: _____

Faculty Member: _____

Project Title: _____

Project Objective(s): _____

Project Responsibilities & Expected Outcomes: (list below)

Faculty Member Signature: _____ Date: _____

Student Signature: _____ Date: _____

Submit one copy to the Agriculture Department office and the student should retain one copy.

Date Completed: _____

Grade: _____