



INDIVIDUAL STUDY COGNATE INSTRUCTOR CONSENT FORM

STUDENT NAME:

STUDENT ID#

PHONE:

EMAIL (UAB):

SEMESTER:

YEAR:

COURSE PREFIX AND NUMBER:

COURSE NAME:

INSTRUCTOR:

REQUIREMENTS AND OBJECTIVES: *Use back of form or attach documents as necessary*
If cognate undergraduate course, outline graduate level requirements

MEETING SCHEDULE:

EVALUATION CRITERIA:

I agree to complete ALL requirements, objectives and meetings

STUDENT SIGNATURE

DATE

INSTRUCTOR SIGNATURE

DATE

E-mail correspondence between student and instructor is permitted. Please attach e-mails to this form as needed.