DEPARTMENT OF FOOD SCIENCE AND TECHNOLOGY

REGISTRATION FORM FOR 485/491 DIRECTED STUDIES VARIABLE CREDIT COURSE

*Return form to **BOTH** your Academic Advisor **and** Program Coordinator, Ashton Klinker at ashton.klinker@ag.tamu.edu upon completion.*

STUDENT NAME: _____ **STUDENT UIN:** _____

E-MAIL:_____**PHONE NUMBER:** _____

SEMESTER: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II ☐ Summer 10-week **YEAR:** _____

INSTRUCTOR NAME: _____ **CREDIT HOURS (0-4):**_____

COURSE TITLE: ☐ FSTC 485 ☐ FSTC 491 **LOCATION:** ☐ ON CAMPUS ☐ OFF CAMPUS

PROJECT DESCRIPTION:_____

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STUDENT SIGNATURE **DATE**

_____

INSTRUCTOR SIGNATURE **DATE**

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