DEPARTMENT OF FOOD SCIENCE AND TECHNOLOGY

REGISTRATION FORM FOR 485 RESEARCH/491 DIRECTED STUDIES VARIABLE CREDIT COURSE

Return form to Administrator, Lindsey Naufal at lindsey.naufal@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:_____

_____

_____

_____

STUDENT SIGNATURE **DATE**

_____

INSTRUCTOR SIGNATURE **DATE**

_____

DEPARTMENT APPROVAL **DATE**

(department approval required if student does not meet prerequisite requirements)

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