AGRICULTURAL EDUCATION

Plan for Individual Study

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|---|---|
| NAME:_____ | COURSE NO:_____ |
| SSN:_____ | CREDIT HOURS: 4 |
| ADDRESS:_____ | QUARTER:_____ |
| _____ | DATE OF APPROVAL:_____ |
| TELEPHONE:_____ | DATE OF COMPLETION:_____ |
| INSTRUCTOR: M. Susie Whittington | AVISER: M. Susie Whittington |

You are required to complete and submit this form in duplicate to the instructor including adviser's signature before registration.*

1. Topic(s):

2. Objectives:

**3.** Related Studies (Activities): **My activities toward meeting the goals will include:**

4. Outcomes:

_____ _____

Instructor's Signature Adviser's Signature

*Adviser should receive a copy of this form for the student's permanent file when individual study is completed.