**NORTH CAROLINA STATE UNIVERSITY**

**COLLEGE OF AGRICULTURE AND LIFE SCIENCES**

**AEE 620 / 693 / 695 / 699 / 820 / 893 / 895 / 899 – Special Problems in Agricultural and Extension Education OR Master’s/Doctoral Research/Preparation**

**MEMORANDUM OF AGREEMENT**

**Note:** This form is to serve as a cover sheet for your Special Problems/Research proposal.

In addition to completing this form you are to prepare a 2-3 page outline of what you are proposing for your special problem/research. This outline should be very detailed and answer the what, when, where, and how questions. After reading your outline, it should be very clear what you are going to do for you independent study. If you are seeking “M” teaching certification from the state of North Carolina, this project is to be an action research project conducted in a classroom.

Most special problems are for 3 hours of credit. One should remember that if you signed up for a three hour class on campus it would meet for 45 hours during the semester. And then the rule of thumb for graduate classes is that for each hour you are in class you are to spend 2 hours reading and doing assignments outside of class. So this means for a typical 3 credit course you would spend 135 hours in class or working on the class. So that is the general expectation for an independent study.

 This form should be completed and returned no later than two weeks after the start of the semester.

**After entering your information please SAVE AS and select Word Document. For some entries you should click on the down icon to see the selections after you select the item.**

**Student:** Click here to enter text. **Student ID:** Click here to enter text.

**Local address** Click here to enter text.**:**

**Local Phone:** Click here to enter text. **E-mail:** Click here to enter text.

**Permanent address:** Click here to enter text.

**Permanent Phone:** Click here to enter text.

**Faculty supervising independent study/research:** Choose an item.

**Research period- Beginning:** Click here to enter a date. **Ending:** Click here to enter a date.

**Semester student will register:** Choose an item. **Year:** Choose an item.

**Course to register for:** Choose an item.

**Number of credits (hours) to be received for independent study after satisfying outlined requirements:** Choose an item.

**Experience activities for the student cooperatively developed and agreed upon by the student and Special Problems advisor.**

**Broad description of activity and/or experience:** Click here to enter text.

|  |  |
| --- | --- |
| **Specific activities to be accomplished** | **Time allocation (estimated hours).** |
| **1.** Click here to enter text. | **1.** Click here to enter text. |
| **2.** Click here to enter text. | **2.** Click here to enter text. |
| **3.** Click here to enter text. | **3.** Click here to enter text. |
| **4.** Click here to enter text. | **4.** Click here to enter text. |
| **5.** Click here to enter text. | **5.** Click here to enter text. |

**List objectives for independent study: (What will be gained by the student?** Click here to enter text.**)**

**Additional comments by Special Problems advisor:** Click here to enter text.

**Final report of Independent Study Experience due:** Click here to enter a date.

**If you are seeking “M” teaching licensure from the state of North Carolina, you are expected to either present the results of this project to the AEE 601 Seminar class or make a presentation at some type of teacher meeting or conference. At this point in time, what are you tentative plans for the presentation?**

Click here to enter text.

**We, the undersigned agree to conform to the program guidelines and with this Memorandum of Agreement:**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Student***

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Faculty Supervising Research/Independent Study***

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Director of Graduate Programs, AEE Programs***