PROBLEMS IN AGRIBUSINESS AND AGRISCIENCE

ABAS 4910

Student’s Name

M#

CRN #                        \_\_\_\_\_

MTSU e-mail                        @mtmail.mtsu.edu

Number of semester hours credit for this course:       1       2       3

Semester:       Summer       Fall       Spring Year: 20

Subject to be investigated:

How many hours per week will be devoted to the above investigation? (i.e., 6 hrs. per week for 3 hr. credit)

Give your schedule on the following days devoted to this investigation.

Monday : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuesday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wednesday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thursday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Saturday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outline your objectives and goals within the above proposed investigation.

Will this problems class be used to substitute for required class? Yes No

If yes, student must attach substitution form with approvals.

**The proposal has been discussed with the instructor for whom I am working and my academic advisor.**

Student Signature:                                                                           Date:

Instructor’s Signature:                                                                           Date:

Advisor Signature:                                                                           Date:

Chair’s Signature:                                                                           Date: