# PROFESSIONAL STUDY (AGEC 693) PROPOSAL FORM
## Department of Agricultural Economics

Please provide the following information for the Professional Study (AGEC 693) course in which you will be participating:

Semester to be Enrolled: ☐ Fall ☐ Spring ☐ SSI ☐ SSII ☐ 10-week

Year: _____ Number of Credits: _____

Directing Professor: _____

Proposed Paper Title: _____

Brief Description of Project including Problem, Objectives and Methodology:

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APPROVAL REQUESTED:

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|---|---|
| *Directing Professor* | *Student's Signature* |
| *Intercollegiate Faculty Chair (MAB students only)* | *Student's Name (printed)* |
| *Associate Head for Graduate Programs* | *UIN#* |