

DEPARTMENT OF AGRICULTURAL AND EXTENSION EDUCATION

Proposal Form to Schedule Internships, Independent Studies, Thesis/Dissertation  
Research, and Supervised College Teaching Courses

AEE / AYFCE / AG SC / AGCOM / INTAG  
295 / 296 / 395 / 495 / 496 / 595 / 596 / 600 / 601 / 602 / 610 / 611 (circle one)

Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ PSU ID#: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Course: \_\_\_\_\_ Section: \_\_\_\_\_ Schedule #: \_\_\_\_\_ Credits: \_\_\_\_\_

Semester:  Fall  Spring  Summer Year: \_\_\_\_\_

Approval for: 600 \_\_\_\_\_ 601 \_\_\_\_\_ 602 \_\_\_\_\_ 610 / 611 \_\_\_\_\_  
(Faculty or Graduate Student may attach a plan of work if desired for AEE / AYFCE 600-level courses.)

Instructor: \_\_\_\_\_

Complete the abstract below for 295 / 296 / 395 / 495 / 496 / 595 / 596 courses.

Title: \_\_\_\_\_

Objectives: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Procedures: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Means of Evaluation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approved by:

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Return completed form to Room 114 Ferguson Building after you have scheduled your course(s). Also, a complete proposal must be submitted to the course instructor prior to the first day of classes.**