



COLLEGE OF NATURAL SCIENCES
THE UNIVERSITY OF TEXAS AT AUSTIN

Department of Statistics and Data Sciences • 1 University Station G2500 • Austin, TX 78712-0549
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CONFERENCE COURSE CONSENT FORM

NAME

UTEID

Has my permission to take:

COURSE

UNIQUE #

(Please circle one)

FALL SPRING SUMMER SEMESTER _____ (year)

TOPIC:

REQUIREMENTS: (e.g., # of books/articles to read; # & length of papers, rewritings, critiques, additional activities, due dates, etc.)

FREQUENCY OF FACULTY/STUDENT MEETINGS (e.g., 3 hrs weekly)

BASIS FOR GRADING: (e.g., % of course determined by writing assignments, readings, research, additional evaluations)

I agree to direct this individual's study program and award the student a grade at the end of the semester.

PROFESSOR'S SIGNATURE

UTEID

DATE

PROFESSOR'S NAME

(PLEASE PRINT)

PLEASE NOTE: You must turn this form in to the **Graduate Coordinator** for the **Department of Statistics and Data Sciences, GDC 7.408.**

Date Submitted _____
Keep on file 5 years: / /

SDS: 02/2018