

## X490/F800 RESEARCH IN FOLKLORE

Student's Name \_\_\_\_\_

ID# \_\_\_\_\_

Email \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Semester \_\_\_\_\_ X490  F800  No. of Hrs. \_\_\_\_\_

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### COURSE AGREEMENT:

\_\_\_\_\_  
*(Student's Signature)*

**Contractual Signatures:**

Date \_\_\_\_\_

\_\_\_\_\_  
*(Instructor's Signature)*

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Completion Approval \_\_\_\_\_ Grade \_\_\_\_\_  
*(Instructor's Signature)*

Date of Completion \_\_\_\_\_