

Guidelines for Academic Credit

Eligibility: Students with 90 credits or more

Supervision: The work of the project shall be supervised by a college faculty member.

Academic Credits:

- The number of academic credits earned will be determined by the COB faculty supervisor, based on three academic hours per week equivalent to one credit.
- These courses are offered on a normal grading basis (A-F), unless otherwise noted in the Course Catalog.
- Courses are repeatable to a maximum of 16 credits.

Timing: Retroactive approval or credit for previous work will *not* be granted. All arrangements must be finalized prior to the start of the project. The student must register for the credits in the term in which the project actually occurs. *Please submit the form at least one week prior to the start of the term to ensure adequate time for approval and registration.*

Responsibilities & Timeline

Pre-Project STUDENT

- Find a COB faculty member to supervise and evaluate your project for academic credits
 - Set up a meeting to review all thesis guidelines and goals
 - Create assessment and timelines agreement
- Develop a project proposal
- Complete the Registration Form "Student" section

DHE FACULTY SUPERVISOR

- Review project proposal with the student
- Determine the following:
 - Number of academic credits that could be earned
 - Due date for meeting the objectives of the course
- Complete the Registration Form "Faculty" section and sign
- Have student sign agreement on the Registration Form
- Give Registration Form back to the student to submit

STUDENT

- After meeting with your COB faculty supervisor and getting the necessary signatures, submit document to the **COB Academic Advising Office in 122 Austin Hall.**
- Watch for email including a scan of your final documents and instructions for registering for the appropriate credits.

Post-Project STUDENT

- Complete course objectives by the agreed upon due date

DHE FACULTY SUPERVISOR

- Review work completed by the student
- Report grade to the Associate Dean (Instructor of Record)

DHE 401-409 Registration Form

(please attach details if needed)

STUDENT

NAME: _____ ID#: _____

ONID EMAIL: _____ PHONE#: _____

COURSE

Choose one:

- DHE 401 – Research
- DHE 402 – Independent Study
- DHE 403 – Thesis
- DHE 405 – Reading and Conf.
- DHE 406 – Project
- DHE 409 – Practicum

DHE Faculty Supervisor's Name: _____

Email: _____

Topic of Course: _____

Term: Fall Winter Spring Summer Year: 20____

Credits: _____ Due Date: _____

Reasons for pursuing topic:

Objectives of course:

Procedures to be followed in completing course:

Project timetable:

Grading criteria:

SIGNATURES

Student: _____ Date: _____

DHE Supervisor: _____ Date: _____

RETURN FORM & DOCUMENTATION TO: Carrie Stampe, c/o COB Academic Advising, 122 Austin Hall
or scan and email to Carrie.Stampe@oregonstate.edu

APPROVAL/PROCESSING

Associate Dean's Signature: _____

CRN: _____ Override Scanned Student Emailed Date: _____ Initials: _____