

# College of Business

# COB 403-409



## Information and Registration Form

### 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.
- BA 403 is graded P/NP. Other courses may be offered on a normal (A-F) grading basis, check Schedule of Classes for more information.
- Courses are repeatable to a maximum of 16 credits.

Crs#	Description
403	Designed to cover the thesis/dissertation research and writing.
405	Focused on designated subject matter to be read by a student and discussed in conference with an instructor.
406	Individualized instruction designed for students to complete an independent project of the students design.
409	Designed for the the practical application of previously studied theory, knowledge, and skills under the supervision of a senior instructor.

**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 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

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

##### COB FACULTY SUPERVISOR

- Review project proposal with the student
- Determine the following:
  - Assessment criteria and timeline
  - 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 as noted at bottom left of page 2.
- Watch for email including instructions for registering for the appropriate credits.

Projected total project hours for term	Equivalent number of academic credits
30 to 59	1 credit
60 to 89	2 credits
90 to 119	3 credits
120 to 149	4 credits
150 to 179	5 credits
180 to 209	6 credits
210 to 239	7 credits
240 to 269	8 credits
270 to 299	9 credits
300 to 329	10 credits
330 to 359	11 credits
360 or more	12 credits

A student can earn a maximum of 12 credits per academic term. *The information above is based upon 40 hours per week for 10 weeks equals 12 course credits.*

#### Post-Project

##### STUDENT

- Complete course objectives by the agreed upon due date

##### COB FACULTY SUPERVISOR

- Review work completed by the student
- Submit grade

# College of Business

# COB 403-409 Registration Form

## STUDENT

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

ONID EMAIL: \_\_\_\_\_ MAJORS/OPTIONS: \_\_\_\_\_

## COURSE

Campus	Subject	Course	Term/s	Timeline	Credit Need
<input type="checkbox"/> Corvallis	<input type="checkbox"/> BA	<input type="checkbox"/> 403	<input type="checkbox"/> Summer	Start Date: _____	Total Hours: _____
<input type="checkbox"/> Ecampus	<input type="checkbox"/> DSGN	<input type="checkbox"/> 405	<input type="checkbox"/> Fall	End Date: _____	Credits: _____
	<input type="checkbox"/> Major specified above <small>(ACTG, BANA, BIS, FIN, MGMT, MRKT)</small>	<input type="checkbox"/> 406	<input type="checkbox"/> Winter	Due Date: _____	<i>if multiple term, list each term's credits # (ex: 1, 1)</i>
		<input type="checkbox"/> 409	<input type="checkbox"/> Spring		

COB Faculty Supervisor's Name: \_\_\_\_\_

## DETAILS

*Please attach details if needed.*

<b>Topic of Course:</b>
<b>Objectives:</b>
<b>Assignment &amp; Assessment:</b> Describe the required assignment and methods by which the learning outcomes will be evaluated.

## SIGNATURES

Student: \_\_\_\_\_ Date: \_\_\_\_\_

COB Faculty Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

### RETURN FORM & DOCUMENTATION TO:

Carrie Stampe  
 or scan and email to Carrie.Stampe@oregonstate.edu  
 or request scan and email vis COB UG Advising in 122 Austin Hall

**APPROVAL/PROCESSING**

AD Approval Date: \_\_\_\_\_

Processor: Date: \_\_\_\_\_

Subj/Crs #: \_\_\_\_\_ CRN: \_\_\_\_\_