



STUDENT & FACULTY AGREEMENT FOR TO-BE-ARRANGED or TBA COURSES
(This form is for the student and professor. Do not submit and each should keep on file)

Student Name: _____ ID#: _____ Email: _____

INSTRUCTIONS:

- Student must confer with the instructor and prepare this form to verify instructor is available and plans made.
- Student must register for Instructor’s section of the agreed upon course.
- If the student finds that the instructor’s section is not listed on the schedule of classes, the student or instructor must contact their School’s ADAP to request that it be added, providing the subject/course number.

School of Nutrition and Public Health: ada.massa@oregonstate.edu

School of Human Development and Family Sciences: linda.fenske@oregonstate.edu

School of Exercise, Sport, and Health Sciences: Heidi.Wegis@oregonstate.edu

Term: _____ Year: _____ Subj/Crse#: _____ Course title: _____ #credits: _____

Day/Time meet per week: _____ Length of meeting: _____

Time per week for student work outside of meeting time: _____

PURPOSE:

1. Indicate completed courses and/or experiences that prepared the student for the requested course:

2. List student learning outcomes to be achieved in the course:
(see: <https://apa.oregonstate.edu/student-learning-outcomes>)

a.
b.
c.
d.

