



STUDENT'S NAME _____ PEOPLE SOFT ID # _____

LOCAL PHONE _____ EMAIL _____

TERM _____ YEAR _____ HOURS/WEEK _____ # of CREDITS _____
(~5/wk = 1 credit) (S/NC Grade Only)

FACULTY SPONSOR _____

TITLE OF PROJECT:

DESCRIPTION: (Provide a paragraph of explanation of the research project, including purposes, procedures to be employed, and the manner in which you will report the results.) *May attach description if desired.*

FACULTY RESPONSIBILITIES: (Describe how the student will be supervised and evaluated.)

Student Initials: _____ Faculty Initials: _____