REQUEST FOR APPROVAL TO TAKE _____ 491 Research

Student's Full Name (please print) ____________________________

Student's I.D. Number (U.I.N.): ____________________________

I request that I be allowed to register for _______ semester credit hours of _________ 491 during the ________________________ Semester of ____________, to be used as follows:

☐ Required in degree program
☐ As an elective
☐ Substitution of credit for

Description of the Research:

Assignments/Tasks/Responsibilities:

Grade Assignment will be based on:

Course Completion Date: ____________________________

_________________________________________ Signature of Student

I agree to supervise the course as described above. ___________________________ Signature of the Professor

_________________________________________ Professor ID

Approval Recommended:
Student's Academic Advisor: ____________________________ Date: ____________

Student's Academic Department Head: ____________________________ Date: ____________

Approved:
Department Head Responsible for Course: ____________________________ Date: ____________

For Office Use
Section Number Assigned: __________
Completed: ____________________________ Date: ____________

cc: Admissions and Records, Instructor, Student
Student UIN can be found at https://myrecord.tamu.edu