REQUEST FOR APPROVAL TO TAKE MARB 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 MARB 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: __________________________

I agree to supervise the course as described above.

________________________________
Signature of Student

________________________________
Signature of the Professor

Professor ID

Approval Recommended:

Student’s Academic Advisor: _________________________________

Student’s Academic Department Head: _________________________________

Approved:

Department Head Responsible for Course: _________________________________ Date: _________

For Office Use

Section Number Assigned: _________
Completed: ____________________________ Date: __________

cc: Admissions and Records, Instructor, Student