**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:**

I hereby certify that I have taken the two required COVID-19 training courses before starting 491 research.

(*check box*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student

I agree to supervise the course as described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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