

**Kent State University**  
**School of Foundations, Leadership and Administration**  
**Application for Approval**

This form must be completed **before** you can be registered for any arranged course work. Please complete the form, obtain the approval signature of the professor who is working with you, then submit the completed form to the School of FLA in Room 316 White Hall. The department will register you into the designated course. A copy will be forwarded to the professor and a copy will be given/mailed to you.

SEMESTER:            Fall \_\_\_\_\_            Spring \_\_\_\_\_            Year    \_\_\_\_\_

Program Area:       CULT       EDAD       EDST       DEVAL  
                          HIED       HM             RPTM       SPAD       SRM

COURSE:    \_\_\_    **Practicum**            \_\_\_    **Internship**            \_\_\_    **Masters Project**  
                 \_\_\_    **Individual Investigation**            \_\_\_    **Research**            \_\_\_\_\_    **Thesis**

Course No: \_\_\_\_\_ Section No: \_\_\_\_\_

Course Title: \_\_\_\_\_

Credit Hours: \_\_\_\_\_ Professor's Name: \_\_\_\_\_

***DESCRIPTION OF YOUR PROJECT GOALS OR OBJECTIVES FOR THIS COURSE/SEMESTER:***

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Student Name: \_\_\_\_\_

Student Banner ID #: \_\_\_\_\_ EMAIL \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Professor Signature

OFFICE USE - CRN# \_\_\_\_\_