Please complete this form prior to registration, and obtain the approval signature of the professor who is working with you. A copy will be returned to you by the professor upon approval.

Fall  ☐  Spring  ☐  Year _________

Student name: _________________________________________________________________

Banner ID number: ________________________  (if Banner ID# unknown, use middle initial and DOB)

Email address: ________________________________________________________________

Program area: ________________________  Department: ______________________________

Course number: ___________  Section number: ___________  CRN#: ________________

Credit hours: _______  Professor: ________________________________________________

Description of your project (goals or objectives):

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Student signature: _____________________________________________________________

Faculty signature: _____________________________________________________________

Co-Director (if appropriate): ____________________________________________________

Note: The following are acceptable; please attach:  Email___  Fax___  Letter___

Date registered: ________________________

Confirmed by: _________________________________________________________________