

Deadlines: This form must be submitted no later than two weeks into the semester.

Name of Student: _____ Student ID#: _____

Address _____
(street) (city) (state) (zip code)

E-mail: _____ Phone: _____ Major: _____

Semester /Year of Registration: _____ Start Date: _____ End Date: _____

CRN: _____ Discipline: _____ Course #: _____ Credits: _____
(Registrar will enter)

- Independent Study Practicum Thesis Capstone
 Field Study Internship Directed Study Research in Science Education

Title of Project: _____ Site (if off campus) _____

Attach a detailed description of project: evaluation process and/or documents including general topic and specific area(s) to be studied.

Signatures: NOTE - credit will not be awarded without prior approval of Advisor and Dean

Student (printed): _____ Date: _____

Signature: _____

Academic Advisor (printed): _____ Date: _____

Signature: _____

Faculty Supervisor (printed): _____ Date: _____

Signature: _____

Faculty Supervisor Banner #: _____ E-mail: _____

Department Chair (printed): _____ Date: _____

Signature: _____

Graduate Chair (printed): _____ Date: _____

Signature: _____

International Education Director (printed): _____ Date: _____

Signature: _____

Approval of Dean (printed): _____ Date: _____

Signature: _____