Please submit two weeks prior to the semester.

### STUDENT INFORMATION
1) Name ________________________________
2) Student’s ID #: _______________________
3) Local Address: _______________________
   _______________________
   _______________________
4) Major: ________________________________
5) College: ______________________________

### COURSE INFORMATION
1) Department: __________________________
2) CRN #: ______________________________
3) Term/Year: ____________________________
4) Instructor: ____________________________
5) Instructor’s ID# (optional) ________________
6) Date Request Submitted: ________________
7) Credit Hours: ______________, P/F ONLY

8) Title of Proposed Study  (Limit to 30 characters)

**ATTACH ADDITIONAL INFORMATION AS NEEDED**

Give brief description of the study, objectives, materials, and methods, justification and method of evaluation.

**APPROVALS:**
- Student: ________________________________
- Advisor: ________________________________
- Instructor: ______________________________
- Department Head: ________________________

(2004 version)