TEXAS A&M UNIVERSITY
GALVESTON CAMPUS.

Research Course Request (491/691)

Student name: _____

UIN: _____   Major: _____

Course Information:

Term: _____

Course prefix: _____   Course number: _____

Number of credit hours: _____

Grade mode: Graded   Pass/Fail

Course completion date (if different than the standard term): _____

Degree requirement: Elective course   Substitution of credit for: _____

Description of course:

Assignments, tasks, and responsibilities:

Grade assignment will be based upon:

Student Approval

Student Signature: _____   Date: _____

Departmental Approval

Instructor Signature: _____   Date: _____

Instructor UIN: _____

Student's Department Head Signature: _____   Date: _____

Department Head of the Course Signature: _____   Date: _____

Processing

Section Request Submitted Date: _____   CRN Assigned to Course: _____   Entered By: _____   Date: _____