

REQUEST FOR APPROVAL TO TAKE MARB 491 (Research)

Student's Full Name (please print): _____

Student's I.D. Number (U.I.N.): _____

I request that I be allowed to register for _____ semester credit hours of MARB 491 during the

_____ Semester of _____, to be used as follows:

_____ Required in degree program

_____ As an elective

_____ Substitution of credit for _____

Description of the Research:

Assignments/Tasks/Responsibilities:

Grade Assignment will be based on:

Course Completion Date: _____

I agree to supervise the course as described above.

Signature of Student

Signature of the Professor

Professor ID

Approval Recommended:

Student's Academic Advisor: _____

Student's Academic Department Head: _____

Approved:

Department Head Responsible for Course: _____ Date: _____

For Office Use

Section Number Assigned: _____

Completed: _____ Date: _____

cc: Admissions and Records, Instructor, Student