

SENIOR SEMINAR
UNDERGRADUTE RESEARCH
AUTHORIZATION

SEMESTER OF RESEARCH _____

STUDENT'S NAME _____ PID _____

COURSE NUMBER _____ SECTION NUMBER _____

NUMBER OF CREDITS _____ SEMESTER AND YEAR _____

TITLE & DESCRIPTION OF PROJECT:

CONTACT HOURS PER WEEK _____

INSTRUCTOR'S NAME _____

OFFICE ADDRESS _____

PHONE # _____

OUTLINE OF PROJECT: (work to be completed)

EVALUATION PROCEDURE

DEADLINE FOR SUBMITTING WORK FOR FINAL EVALUATION: _____

INSTRUCTOR'S SIGNATURE _____ DATE _____

STUDENT'S SIGNATURE _____ DATE _____

PHONE # _____ E-MAIL ADDRESS _____