

***This form must be filled out by the student, signed by the faculty mentor, and submitted to the Secretary in 106 SFH **BEFORE** beginning the class.***

<i>Name of Student</i>	<i>Date of Request</i>
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<i>Student E-mail (first and preferred contact method)</i>	<i>Student Phone (secondary contact method)</i>
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SEMESTER / YEAR*		TERM / YEAR*	
<input type="checkbox"/> <b>Fall</b>	<i>Year</i>	<i>Year</i>	<input type="checkbox"/> <b>Spring</b>
<input type="checkbox"/> <b>Winter</b>			<input type="checkbox"/> <b>Summer</b>

\*SEPARATE FORM REQUIRED FOR EACH DESIRED REGISTRATION (FORMS ARE STORED PER SEMESTER/TERM AND YEAR AND ONE FORM CAN'T BE IN TWO PLACES)

SEMESTER	NUMBER OF CREDITS			TERM
3 hours per week for 16 weeks		1 credit		6 hours per week for 8 weeks
6 hours per week for 16 weeks		2 credits		12 hours per week for 8 weeks
9 hours per week for 16 weeks		3 credits		18 hours per week for 8 weeks
hours per week for 16 weeks		credits		hours per week for 8 weeks

***Briefly describe your proposed project (or TA responsibilities) and tell how it relates to your program of study.***

***What is your research plan for the semester/term? What is your goal and what are the steps to get there? (Include a weekly timeline of activities.)***

***Describe the skills and resources you have to accomplish your goals as described above.***

***What is the mentoring structure? How often will you interact with your mentor? (Indicate hours per week.)***

*I will keep a weekly journal of experiences and hours worked and submit them to my instructor at the end of the semester.*

Approval Signatures			
<i>Student Signature</i>	<i>Date</i>	<i>Faculty Signature</i>	<i>Date</i>
<i>Printed Name</i>		<i>Printed Name</i>	