

*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.*

Have you completed all previous EXSC 797R projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Student	Date of Request
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Student E-mail (first and preferred contact method)	Student Phone (secondary contact method)
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SEMESTER / YEAR*		*SEPARATE FORM REQUIRED FOR EACH DESIRED REGISTRATION (FORMS ARE STORED PER SEMESTER/TERM AND YEAR AND ONE FORM CAN'T BE IN TWO PLACES)	TERM / YEAR*	
<input type="checkbox"/> Fall	Year		Year	<input type="checkbox"/> Spring
<input type="checkbox"/> Winter				<input type="checkbox"/> Summer

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 on this project and submit them to my instructor at the end of the semester.

Approval Signatures			
Student Signature	Date	Faculty Mentor	Date
Printed Name		Printed Name	