U of L COLLEGE OF ARTS & SCIENCES

UNDERGRADUATE APPLICATION FOR ENROLLMENT IN AN <u>INDEPENDENT STUDY</u>, INTERNSHIP, OR <u>RESEARCH COURSE</u>

Student _____ **School of Enrollment** <u>A&S</u>

Student ID# _____ **Dept/Course** _____ **Credit hours** _____

Independent Study **Internship** **Research** **Senior Thesis**

Semester: Fall Spring Summer **Year** _____

Plan of work, including a description of the project and how the student will be evaluated:

Course Title (limited to 30 total characters)

Signatures

Student		
Instructor		Instructor's Printed Name and ID#
Undergraduate/ Graduate Advisor		Prerequisites: met waived
Department Chair		
Dean's Office		