DEPARTMENT OF MATHEMATICS

REQUEST TO ENROLL IN A RESEARCH COURSE
(MATH 4091)

I request approval to enroll in the research course designated below. I have discussed the research project with the faculty member who has agreed to serve as my supervisor.

A BRIEF OUTLINE OF THE PROPOSED PROJECT IS ATTACHED.

Student's Name: _____

Student's ID Number: _____

Course Title (30 character maximum): _____
(This title will appear on the student's ASU transcript.)

Credit Hours (1.000 To 6.000 hrs): _____   Billing Hours (1.000 To 6.000 hrs): _____

Semester and Year: _____

Student's Signature and Date: _____

****

FACULTY SUPERVISOR: I agree to serve as supervisor of this research.

_____
Signature
****

DEPARTMENT HEAD: ( )   APPROVED
( )   DISAPPROVED

_____
Signature
****

CRN # (to be completed by Office Coordinator): _____

Instructions:
1. Get all the signatures needed from Faculty Supervisor(s) and Department Head, then make a copy of this form for Faculty Supervisor(s) and give the original form to the Office Coordinator for department file.
2. Don't forget to attach a brief outline of the proposed project.
3. Office Coordinator will create the course and send you an email confirmation with the CRN # to use for registration.

REVISED 4-22-19