RESEARCH/SPECIAL STUDIES FORM

STUDENT NAME _____SID_____ QUARTER_____

COURSE *_____ # OF UNITS _____ INSTRUCTOR _____

AIM OF COURSE (be specific)

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GRADING METHOD (e.g. oral, written report, finished first draft of thesis, satisfactory completion of computer program. Include deadlines for reports and/or examination)

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Student Signature

_____
Faculty Research Director's Signature

_____
Graduate/Undergraduate Advisor's Signature
Robert Allen (Graduate)
Gareth Funning (Undergraduate)

cc: file
         research director
         student