GEOSCIENCES

COLORADO STATE UNIVERSITY

Request for Approval of Undergraduate Independent Study/Research Project



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| --- | --- | --- |
| Student name: |  | CSUID: |
| Course number: |  | Credits: |
| Project start date: |  | Project end date: |
| Number of hours/week: | Grading option (S/U or Traditional): |

Project Title:

Project Description:

Learning Outcomes:

Learning Activities:

Project Deliverables:

Expectations of Contact between Student and Faculty Member:

Student signature:Faculty signature:

Department head signature:Report received date: