

Registrar

## **APPLICATION FOR FOS 402**

This application is only used by students who need to enroll in FOS 402 course and <u>must be completed by the mentoring instructor only</u>. Additional to the pre-requisite requirements detailed in the College Bulletin, permission by the instructor is required. Signatures from the student, Faculty Advisor, and Research Coordinator are required.

Part I: Student i		ompleted by the <u>Inst</u>	<u>ructor</u>
First Name:Last 4 digits of SS#:		Last Name: Email Address:	
Part II: Course I	nformation:		
Course Title: <u>Unde</u>	rgraduate Research Interns	<u>hip</u>	
Semester (check or	ne): 🗆 Fall 🗆 Winter 🗆 S	pring 🗆 Summer 1 🗆	Summer 8 week □ Summer 2
Year:	Instruc	tor's Name:	
<b>Description of C</b>	ourse:		
Student Assignn			Report/Paper or Presentation
Additional assignm  Number of hour	nents:	e Meeting:	_ Laboratory:
-	aluation (must include ora	_	•
			uirements detailed above.
Student Signature (required):			Date:
Faculty Advisor (required):			Date:
Research Coordina	tor (required):		Date:
CF Process By:	For Of	fice Use Only	Date:
Fall	Winter	Spring	<del></del>
White – Registrar	Yellow – Faculty Member		2/16/2016