



COURSE ADD REQUEST – RESEARCH ELECTIVE

Student Name: _____ ID#: _____

Class of: _____ Today's Date: _____

Circle One: 901 902 903

Course Number: CLNS: _____ Course Dates: _____ to _____

Agreed upon expectations and/or goals for evaluation (please summarize):

Student Signature: _____ Date: _____

Research Mentor Name: _____ Date: _____

Research Mentor Signature: _____

For OMSA use only: CRN: _____ DB: _____ INB: _____