



STUDENT'S NAME _____ SOCIAL SECURITY # _____

LOCAL PHONE _____ EMAIL _____

TERM _____ YEAR _____ HOURS PER WEEK _____ NUMBER CREDITS _____

SITE DETAILS:

COMPANY/ORGANIZATION NAME _____

SUPERVISOR'S NAME/TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

TITLE OF PROJECT:

DESCRIPTION (Provide a paragraph of explanation of the research project, including purposes, procedures to be employed, and the manner in which you will report the results):

SITE SUPERVISOR RESPONSIBILITIES:
(Describe how the student will be supervised and evaluated.)

FACULTY COSPONSOR RESPONSIBILITIES:
(Describe how the student will be supervised and evaluated.)

Supervisor Signature: _____ Faculty Signature: _____

Student Signature: _____ Dept Chair Signature: _____