

**College of Science
Undergraduate Research Petition**

Date: _____ Student ID: _____
Last Name: _____ First Name: _____ MI: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Telephone: _____ E-mail: _____
Course No: _____ Topic: _____
Description: _____

Undergraduate Advisor

Date

Faculty Supervisor

Date

Student

Date

NOTE: Failure to file this form in departmental office by 12th day class will result in disenrollment from the class.