

UNDERGRADUATE COURSE REQUEST FORM *for*

CDS 497 Department Honors/Thesis/Project

CDS 498 UG Research & Creative Activity

CDS 499 Independent Study

STUDENT NAME (print): _____ Date _____

PERSON # _____ Email: _____

MAJOR _____ ACADEMIC STANDING _____ Junior _____ Senior

FILL IN ALL SECTIONS of the Course Request below. **Check HUB to include the Course Registration # (Reg. #)**

The course instructor must approve this form & indicate the *Grading Type. Please email this form to the instructor to approve. If Approved, the Instructor will email this form to the CDS Department to register you.

❖ **CDS 497** Dept Honors/Thesis/Project Reg. # _____ Credits. 3 Sem. _____ Year _____

Instructor _____ APPROVED? ___ Yes ___ No Date _____

GRADING TYPE is LETTER GRADE

❖ **CDS 498** UG Research & Creative Activity Reg. #. _____ Credits _____ Sem. _____ Year _____

Instructor _____ APPROVED? ___ Yes ___ No Date _____

GRADING TYPE is LETTER GRADE

❖ **CDS 499** Independent Study Reg. # _____ Credits _____ Sem. _____ Year _____

Instructor _____ APPROVED? ___ Yes ___ No Date _____

GRADING TYPE is LETTER GRADE

Purpose of study: _____

Time frame in which study will be accomplished: _____

Method(s) in which study will be accomplished:

Literature survey Observation participation Laboratory Scientific inquiry

LIST three (3) pertinent readings associated with this assignment:

1. _____

2. _____

3. _____

Department Received Date _____ Student Notified Date _____

Updated 6/2021