**Geography Department**

**Senior Research Project Request Form**

*This form is to be submitted to the Geography Department Chair at least one week prior to commencement of the semester.*

Student Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Course Number (e.g., GEOG 491): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of credits: \_\_\_\_\_\_\_\_\_\_

Course Prerequisites (e.g., GEOG 324): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prerequisites completed? YES NO

What is the proposed title of your research project?

Provide a brief description of your research project:

*Please submit this form to the Geography Department Chair. If this form is accepted, the next step is to devise a Curriculum Plan in consultation with your supervisor and attach the Plan to your Directed Studies registration form.*

Geography Department decision: APPROVED DECLINED Date: \_\_\_\_\_\_\_\_

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Geography Department Chair (date) Supervising Faculty Member (date)