REQUEST FOR SUPERVISED RESEARCH

LIN 6910 – Credit Hours:

Name:	UFID: _		Term:
Major:	Name of Supervisor fo	r Proposed Project: _	
	TITLE FOR PROJECT	PROPOSED	
_	ONE PARAGRAPH DESCRIPTION OF PROPOSED PROJECT (Include works to be read, papers planned, long range objectives, etc.)		
Signature	of Instructor Directing Work		Date
Signature	of Graduate Coordinator		Date