

REQUEST FOR RESEARCH CREDIT
LIN 4911 – Credit Hours: 0-3

Name: _____ UF ID: _____ Term: _____

Major: _____ Email: _____

Name of Supervisor for Proposed Project: _____

Title of the Proposed Project: _____

ONE PARAGRAPH DESCRIPTION OF PROPOSED PROJECT

(Include works to be read, activities, assignments, frequency of meetings, deadlines, what student will be graded on, etc.)

Signature of Instructor Directing Work _____ Date: _____

Signature of Undergraduate Coordinator _____ Date: _____