

Department of Geology & Geophysics
APPLICATION FOR UNDERGRADUATE RESEARCH
GEOL 3909

NOTE: A separate application needs to be filled out for each semester enrolled

REQUEST DATE:

STUDENT INFORMATION

NAME:

LSU ID NUMBER:

MAJOR(S):

LSU GPA:

MINOR(S):

OVERALL GPA:

LOCAL PHONE #:

CELL #:

EMAIL:

COURSE REQUEST

SEMESTER (FALL, SPRING, SUMMER):

YEAR:

COURSE: GEOL 3909 CREDIT HOURS: _____

NOTE: *GEOL 3909, may be taken for up to 9 credits; variable credits; pre-requisite for GEOL 3999*

BACKGROUND

COURSEWORK PERTINENT TO RESEARCH AREA:

PRIOR RESEARCH EXPERIENCE:

INTERNSHIPS:

OTHER:

CONTRACT SIGNATURES:

STUDENT NAME (PRINT): _____

STUDENT SIGNATURE: _____ DATE: _____

PROFESSOR NAME (PRINT): _____

PROFESSOR SIGNATURE: _____ DATE: _____

**DO NOT FILL OUT
FOR OFFICE USE ONLY**

By signing below, I agree that this student has met all requirements to enroll in this course, and therefore, is able to participate in the research acknowledged above.

Signature of Undergraduate Advisor or Chair

DATE: _____