

Department of Geology & Geophysics
APPLICATION FOR UNDERGRADUATE THESIS RESEARCH
GEOL 3999

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

REQUEST DATE:

STUDENT INFORMATION

NAME:

LSU ID NUMBER:

MAJOR(S):
MINOR(S):

LSU GPA:
OVERALL GPA:

LOCAL PHONE #:

CELL #:

EMAIL:

COURSE REQUEST

SEMESTER (FALL, SPRING, SUMMER):

YEAR:

COURSE: GEOL 3999 CREDIT HOURS: _____

NOTE: *GEOL 3999, for undergraduates with overall GPA 3.0 or greater, not enrolled in Honors College.*

BACKGROUND

COURSEWORK PERTINENT TO RESEARCH AREA:

PRIOR RESEARCH EXPERIENCE:

INTERNSHIPS:

OTHER:

RESEARCH PROPOSAL TITLE:

Attach your research proposal, including the summary, introduction, justification, and methods (no more than five pages).

With your advisor, fill out the following table.

| RESEARCH OBJECTIVES | DELIVERABLES (proposal, graded reports, projects, presentations, etc) | TIMELINE | ANTICIPATED COMPLETION DATE |
|---------------------|---|----------|-----------------------------------|
| | | | |
| | | | |
| | | | |

CONTRACT SIGNATURES:

STUDENT NAME (PRINT): _____

STUDENT SIGNATURE: _____ DATE: _____

PROFESSOR NAME (PRINT): _____

PROFESSOR SIGNATURE: _____ DATE: _____

COMMITTEE MEMBERS:

_____ DEPARTMENT _____

_____ (signature) DATE: _____

_____ DEPARTMENT _____

_____ (signature) DATE: _____

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

COMMENTS

Is GPA 3.0 or greater? _____

Has the student been enrolled previously in GEOL 3909? _____ with? _____

If so, how many hours? _____

If so, grade(s) received? _____

GEOL 3999 section _____ **Course title** _____

ADDITIONAL COMMENTS

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 _____