

Request for 4000-Level Research Course to Fulfill the Experiential Learning Requirement

Please submit this signed form via email to Kris Petti at pettik@uga.edu, for review by the Franklin College Certification Officer.

STUDENT INFORMATION	N			
Name:				
3.6 . /				
Major/s: Anticipated graduate date:				
Interpated graduate date.				
COURSE INFORMATION				
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select applicable 4000-level course and comp		,	10000	
4960R other:	^{4970R}	4980R	_ 4990R	
other:		CLID O 1		
check if applicable: \Box Ho	nors research	□CURO research		
Scheduled for (semester and year):				
Faculty member directing research:				
Faculty member's department:				
Faculty member's email address:				
Detailed description of research:				
				
CLCN ATLINE DECLUDED				
SIGNATURE REQUIRED				
Faculty member directing research:			Date:	
ractify member directing research.			Date	
FOR FRANKLIN COLLEGE	DEAN'S OF	FICE USE ONLY		
□ RESEARCH COURSE APPRO	VED			
			_	
Jamie Kreiner, Associate Dean			Date:	
□ RESEARCH COURSE NOT AP	PROVED			
2 RESERVOIT COUNCE TWO I III	INOTED			
Explanation:				