



## Request to Consider a 4000-Level Research Course for Approval for the EL Requirement

Please submit this signed form to the office of Associate Dean Martin Kagel (316 Old College). Alternatively, you may send a scan of this signed form to Karen Coker (<a href="kcoker@uga.edu">kcoker@uga.edu</a>).

General Information of the completed by the student of the completed by th				
STUDENT				
Major(s):			Expected gra	duation date
RESEARCH CO (Select applicable 4000-lev		xample: ARST 493	0)	
49604	970498	30 OTHER:	_4	
RESEARCH COURSE PLAN	NNED FOR/TAKEN	N: SEMESTER:		YEAR
DEPARTMENT:				
NAME OF FACULTY MEM	BER DIRECTING R	ESEARCH:		
DETAILED DESCRIPTION	OF RESEARCH:			
SIGNATURE REQ	UIRED			
DEPARTMENTAL APP	ROVAL			
Faculty Member Directing	ng Research:			Date:
-	_			er, Associate Dean Martin Kagel
				316 Old College, Athens, GA 30602
	-			en Coker at kcoker@uga.edu 🔊
FOR FRANKLIN COI	LEGE DEAN'S	OFFICE USE C	NI V	
RESEARCH COURSE A		OTTICE OBE C	/1 <b>1 1</b>	
Martin Kagel, Associate D				Date:
— Certific	ation Officer keeps	a copy of this form	and returns origi	nal to the student. —
RESEARCH COURSE I	NOT APPROVED			
Explanation:				