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): ____________________________ LSU GPA: ____________________________
MINOR(S): ____________________________ 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:
Attach your research proposal, including the summary, introduction, justification, and methods (no more than five pages).

With your advisor, fill out the following table.

<table>
<thead>
<tr>
<th>RESEARCH OBJECTIVES</th>
<th>DELIVERABLES (proposal, graded reports, projects, presentations, etc)</th>
<th>TIMELINE</th>
<th>ANTICIPATED COMPLETION DATE</th>
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**CONTRACT SIGNATURES:**

**STUDENT NAME (PRINT):** ________________________________

**STUDENT SIGNATURE:** _________________________________ DATE: ________

**PROFESSOR NAME (PRINT):** ________________________________

**PROFESSOR SIGNATURE:** _________________________________ DATE: ________

**COMMITTEE MEMBERS:**

_________________________ DEPARTMENT __________________________

_________________________ (signature) DATE: __________________

_________________________ DEPARTMENT __________________________

_________________________ (signature) DATE: __________________
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.

_______________________________________ DATE ____________________________
Signature of Undergraduate Advisor or Chair