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: ______________________
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.

__________________________________________ DATE ____________________________
Signature of Undergraduate Advisor or Chair