

Request for IND E 499 (Special Projects)

Name _____

Student Number _____

Email _____

Signature _____ Date _____

- I am submitting the following proposal in order to receive credit(s) for IND E 499 (Special Projects).
- I understand that this request must be approved **BEFORE** I enroll and complete the class.

Faculty Member Supervising Project: _____

Quarter(s) During Which Credits Will Be Completed: _____

Number of Credits: _____

Project/Research Plan or Abstract:

Faculty Member's Signature: _____

Received in Advising Office by _____ on _____.