



UNDERGRADUATE RESEARCH APPLICATION

STUDENT INFORMATION

Name:	I.D. Number:
Street:	City:
State:	Zip Code:
Primary phone:	Email:
Campus: Charlotte_____ Collier_____ Hendry/Glades _____ Edison_____	
Number of College-Level credits completed:	GPA:
Permission to release transcript:	YES NO
Availability during the Semester:	(8:00 AM- 6:00PM/ M-F)

RESEARCH INFORMATION

COURSE TITLE:
FACULTY NAME:
RESEARCH HYPOTHESIS:
DEAN'S SIGNATURE:
DATE: