REQUEST FOR RESEARCH CREDIT
LIN 4911 – Credit Hours: 0-3

Name: _________________________________ UF ID: _____________ Term: __________ 

Major: ___________________ Email: __________________________

Name of Supervisor for Proposed Project: ________________________________

Title of the Proposed Project: ____________________________________________

ONE PARAGRAPH DESCRIPTION OF PROPOSED PROJECT
(Include works to be read, activities, assignments, frequency of meetings, deadlines, what student will be graded on, etc.)

Signature of Instructor Directing Work ________________________ Date: _______________

Signature of Undergraduate Coordinator _______________________ Date: _______________