

Application for SOC 497: Individual Research

NAME: _____ DATE: _____
Last First Middle Initial

PID: _____ CLASS: _____ MAJOR: _____ CUM. GPA: _____

SEMESTER: _____ SOC 497 CREDITS: _____ Total of prior SOC 497 credits: _____
(Completion of 3 credits of SOC 497 fulfills the College Experiential Learning Requirement)

1. DESCRIPTION OF RESEARCH PROJECT (topic, objectives, hypotheses [as appropriate], methods, expected impact)

2. PREPARATION (relevant course work, readings, work experiences, etc.)

3. EXPECTED SKILLS DEVELOPED (methodological, analytical, communication, etc.)

4. EVALUATION OF WORK

(a) Estimated contact hours/week with faculty supervisor: _____ (b) Deadline for submitting work for final evaluation: _____

(c) Description of final work product:

(d) Evaluation procedure:

STUDENT'S SIGNATURE _____ PHONE _____

APPROVALS

Sociology Faculty Supervisor Signature Date

Sociology Academic Advisor Date

Sociology Chair Date

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successful completion of this SOC 497 fulfills the 3-credit College Experiential Learning requirement YES NO