The UNIVERSITY of MONTANA WESTERN

COOP, INTERNSHIP, SENIOR PROJECT/THESIS, or RESEARCH CONTRACT

INSTRUCTIONS: Complete one form per course. Answer all questions, check or "X" appropriate spaces, etc. **PRINT** legibly. Provide ALL information requested in detail. Incomplete or improperly completed forms will be rejected. Use the other side of this page if you need more space, attach documents that pertain to this request. PROCEDURE: Complete this form with assistance of supervising faculty member and or the appropriate department chair, secure required approvals (see below), return completed form to the Registrar's Office when registering for or adding the course above; forms must be submitted before the deadline to add for the term you listed above.

_____ _____ _____

(Student Name- Please print) (Student ID or SSN) (Degree & Major/Option)

I am requesting approval to attempt (check appropriate course and provide detailed course information as indicated):

_____ **COOPERATIVE EDUCATION**---Course Level: ___298, or, ___498 Specify # credit hours (298=1-12, 498=1-15 cr*):_____

_____ **INTERNSHIP**---Course Level: ___298, or, ___498 Specify # credit hours (298=1-12, 498=1-15 cr*):_____

_____ **SENIOR PROJECT**---Course Level: 499 Specify # credit hours (1-15 cr*):_____

_____ **SENIOR THESIS**---Course Level: 499 Specify # credit hours (1-15 cr*):_____

_____ **RESEARCH PROJECT**---Course Level: ___290, or ___490 Specify # credit hours (2-8 cr*):_____

*one credit = 40+ hours of full-time study (class time, reading, research, job/work training, work experience, or other relevant learning activities)

Rubric or Department through which the course requested above is to be offered: _____

Term/Semester and Year I plan to take the course requested above: ____Fall ____Spring ____Summer YEAR _____

Start Date _____/_____/_____ End Date _____/_____/_____ (End date may NOT extend beyond the end of the term above)

Are there additional lab/other fees for the course identified above? _____NO _____YES-fee amount? $_____

COURSE or PROJECT OBJECTIVES - be very specific:

STUDENT ACTIVITIES - be specific:

EVALUATION METHOD(S):

_____ _____

(Student Signature) (Today's Date)

REQUIRED APPROVALS:

Contract Supervisor/instructor _____ Date _____

Department Chair _____ Date _____

Provost _____ Date _____

K: FormInternCoopSrProjResrch 1/2012