

Summer Undergraduate Research Program Course Contract

The purpose of this form is to establish a clear understanding between the student enrolling in the Summer Undergraduate Research Program and the professor involved as to conditions, assignments, etc. This form must be filled out completely and signed *before* a student may be enrolled in a Summer Undergraduate Research Program course.

Student Information

Student's Name: _____

ID# : _____

Student Mail Box # : _____ Phone # : _____

Course Information

Term: Summer Session 0 Year: 2014

Course # : _____ Units: _____ Grade Type: ___CR/NC ___Letter Grade

Course Title: Research in _____

Professor: _____

Please note – if the student is a graduating senior, SURP credit **MUST** be CR/NC.

Student Signature

Date

Professor Signature

Date

Chairperson Signature

Date

Please return this form to Katy Carr, Seaver Dean's Office, Mail Code 4280.