The enrollment course control number (CCN) and for LA 299 will be issued at the beginning of each semester by the Student Affairs Officer upon completion and submittal of this form.

NAME: _____________________________________ TERM: ______________

Last, First

EMAIL: _____________________________________ SID: ________________

UNITS REQUESTED ______
(1-4 units)

GRADING:  Letter Grade  or  S/U
(circle one)

Student shall complete the following statement, attach a detailed work outline and performance schedule and obtain the signatures of the supervising faculty member and the Program Advisor.

PROJECT OR RESEARCH DESCRIPTION

PROPOSED SCHEDULE OF RESEARCH

Attach detailed work outline and performance schedule.

I agree to supervise the work of the project described above.

_________________________________________  ______________________________________________
Instructor Supervising Study     Faculty Advisor

Note: A maximum of 6 units of approved research will be allowed toward the MLA degree.