

Individual Research Project



Name: _____

I.D. Number: _____ Year of Program: _____

UAlberta email: _____

Please select course subject area and term:

ACCTG BUEC B LAW FIN MARK MGTSC BTM SEM OM

Fall Winter Spring Summer

Name of Supervising Instructor: _____

Course Title: _____

(The project title will appear on your transcript. Choose something that reflects the project, using a maximum of 20 characters)

Brief Description of project:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Academic Officer's Signature: _____ Date: _____

Return completed form to the Undergraduate Office, 2-20 Business Building, for final approval.

I understand that submission of this signed form to the Undergraduate Office and approval by the Associate Dean or Designate means I will be registered in this course by the Undergraduate Office and responsible for all fees connected with this course.

Name (Please print)

Signature