

## Project Course Registration Sheet

Student Name: \_\_\_\_\_

Project Course Number & Title \_\_\_\_\_ Semester: \_\_\_\_\_  
Credits: \_\_\_\_\_

Summary of Work Plan:

Faculty Advisor's Name: \_\_\_\_\_  
(Print) (Sign)

Co-Advisor's Name (if any): \_\_\_\_\_  
(Print) (Sign)

Return to Registrar Office, Sage Hall, Room 7