



Research Course Enrollment Request

Complete Enrollment Request with: Geography Department Faculty Advisor/Mentor
 Return Completed Enrollment Request to: Dr. Nancy Coscia coscia.4@osu.edu
 Undergraduate Program Coordinator

The deadline for Submission of this Enrollment Request Form is 10 business days prior to the start of the term to allow sufficient time for final review by faculty and course enrollment by start of term.

The course of enrollment for a student to complete research is dependent upon the research to be completed, the intended outcome of that research and the status of the student.

All courses are graded S/U with a maximum repeatable enrollment for a total of 15 credit hours or 5 completions.

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|---------------------|---|
| AtmosSci/GEOG 4998 | For undergraduate research on topics in Atmospheric Sciences/Geography. |
| AtmosSci/GEOG 4998H | For undergraduate research on topics in Atmospheric Sciences/Geography for students with honors standing. |
| AtmosSci/GEOG 4999 | A program of research that includes individual conferences and culminates in a thesis. |
| AtmosSci/GEOG 4999H | A program of research which includes individual conferences and culminates in an honors thesis and an oral defense. |

Enrollment Information

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|---------------------------------------|---|-------------------------------------|
| Requested Course of Enrollment | <input type="checkbox"/> AtmosSci 4998 | <input type="checkbox"/> GEOG 4998 |
| | <input type="checkbox"/> AtmosSci 4998H | <input type="checkbox"/> GEOG 4998H |
| | <input type="checkbox"/> AtmosSci 4999 | <input type="checkbox"/> GEOG 4999 |
| | <input type="checkbox"/> AtmosSci 4999H | <input type="checkbox"/> GEOG 4999H |

Last Name.#: _____ **First Name:** _____

Major (and specialization if applicable): _____

Research Subject: _____

Physical Location of Research Work (where will you be conducting your research? City/State/Country):

Semester of Enrollment: _____ (example: *Autumn 2018*)

Requested Credit Hours for course of enrollment: _____

Student Signature: _____

Faculty Advisor/Mentor: _____
Print Name Approval Signature

Office Use Only

Approved for _____ credit hours.

Denied due to _____

Academic Department Signature: _____ Date: _____