

# 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 \_\_\_\_

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:

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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