## REQUEST FOR UNDERGRADUATE COURSE CONSENT

## Arizona State University T. Denny Sanford School of Social and Family Dynamics Submit to: Nancy Landers - SS144, 480-965-6875

Semester/Year:	
Instructor:	
Course prefix & number:(Internship, Supervised Research, Study)	# of credit hours Individualized Instruction, Honors Thesis, Honors Directed
NAME:	AFFILIATE ID#:
EMAIL:	PHONE:
I have completedsemester hor	urs/cumulative GPA/GPA in Major
I have previously completed	semester hours of independent study coursework.
PROJECT SUMMARY:	
(Signature of Student)	(Date)
(Signature of Instructor)	(Date)