

OFFICE OF THE DEAN OF STUDIES
205 Peters Hall

“SUMMER” WINTER TERM AUTHORIZATION

Student’s Name _____ T# _____

OCMR# _____ Current Class (circle one): FR SO JR SR 5th YR

Reasons to request a “summer” winter term _____

Project Title _____

Project Category (check relevant): Academic Study Field Study Personal Growth

Department _____ Sponsor’s Name _____

Project Time Frame: From _____ To _____ For _____ hours per day
mm/dd/yy mm/dd/yy

Final Paper (or other proof of completion of project) Due to Sponsor: _____

please specify mm/dd/yy

Amount of credit (check one): Half Full

Method of Evaluation _____

PROJECT PROPOSAL

Please describe the project you will be doing. You may attach additional information if the space provided is not enough.

Sponsor’s Signature _____ Date _____

Student’s Signature _____ Date _____

Approved _____ Date _____

Kathryn Stuart, Dean of Studies