Request to Consider a 4000-Level Research Course for Approval for the EL Requirement

Please submit this signed form to the office of Associate Dean Martin Kagel (316 Old College). Alternatively, you may send a scan of this signed form to Kellie Borders Peyton (kborders@uga.edu).

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**General Information**

*To be completed by the student.*

**STUDENT**

Name: ______________________________________________________________________

UGA 81 number: ____________________ UGA Email: ____________________________

Major(s): ___________________________________________ Expected graduation date _________________

**RESEARCH COURSE**

(Select applicable 4000-level and complete. Example: ANTH 4960R)

_ _ _ _ 4960R _ _ _ _ 4970R _ _ _ _ 4980R _ _ _ _ 4990R other: ________________________________

*Please select if applicable:* ☐ Honors Research ☐ CURO Research

**RESEARCH COURSE PLANNED FOR/TAKEN IN:** SEMESTER: ___________________ YEAR ____________

DEPARTMENT: ___________________________________________________________________

NAME OF FACULTY MEMBER DIRECTING RESEARCH: _________________________________________

DETAILED DESCRIPTION OF RESEARCH:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

**SIGNATURE REQUIRED**

DEPARTMENTAL APPROVAL

Faculty Member Directing Research: __________________________________________ Date: __________

Form must be approved by the **Franklin College Certification Officer, Associate Dean Martin Kagel**

*Martin Kagel, Office of the Dean, Franklin College of Arts and Sciences, 316 Old College, Athens, GA 30602*

*Alternatively, you may send a scan of your signed form to Kellie Peyton at kborders@uga.edu*

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**FOR FRANKLIN COLLEGE DEAN’S OFFICE USE ONLY**

☐ **RESEARCH COURSE APPROVED**

Martin Kagel, Associate Dean: __________________________________________ Date: __________

— Certification Officer keeps a copy of this form and returns original to the student. —

☐ **RESEARCH COURSE NOT APPROVED**

Explanation: ____________________________________________________________________________