



# Special Problems

Geology 4900

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Credits: \_\_\_\_\_

Student Name: \_\_\_\_\_ A#: \_\_\_\_\_

Supervising Faculty: \_\_\_\_\_

Description of Research or Experience:

Method of Evaluation:

<b>SIGNATURES</b>
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Student \_\_\_\_\_ Date \_\_\_\_\_

Supervising Faculty \_\_\_\_\_ Date \_\_\_\_\_

Dept. Coordinator \_\_\_\_\_ Date \_\_\_\_\_

**Note: This agreement must be signed before the end of the second week of the semester in which the study is to take place and submitted to the Geosciences Office. Copies of this signed agreement should be retained by the supervising faculty member and the student.**