

Department of Social Sciences Special Projects Approval Form

Student ID # _____

Semester: _____

Project Faculty Advisor: _____

Choose one course:

- Special Projects – SOS 4301 and CRN: (Class Number): _____
- Special Projects in HBS – HEA 4301 and CRN: (Class Number): _____
- Special Projects in Nonprofit MGT – POLS 6395 and CRN: (Class Number): _____
- Special Projects in Psychology – PSY 4305 and CRN: (Class Number): _____
- Other: _____ and CRN: (Class Number): _____

Student Information:

Student Name: _____

Student Email: (Gatormail only): _____

GPA: _____

Major: _____

Total Hours Towards Graduation: _____

Expected Graduation Date: _____

How many Special Project course have you previously taken? _____

Brief Description of Project:

Signatures:

Student signature: _____

Faculty Coordinator signature: _____

Department chair signature: _____