

## ARCH 499 Undergraduate Research/Study Proposal

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Student Name

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Student #

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Email

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Proposed Faculty Supervisor

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Quarter

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Credits

C/NC  Graded

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Research/Study Topic

Description of Study: Attach additional sheet(s) if necessary.

APPROVED (signatures):

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Faculty Supervisor (Printed Name)

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Signature

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Date

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Undergraduate Advisor

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Date