

SU DEPARTMENT OF MATHEMATICS AND COMPUTER SCIENCE
UNDERGRADUATE RESEARCH PROJECT APPLICATION

COURSE INFO

COSC 390

___ # of Credit Hours ___ Semester/Year

MATH 390

I'd like this project to be considered for Departmental Honors

STUDENT INFO

Name _____

ID Number _____

Major _____

Salisbury University
Department of Mathematics and Computer Science
Undergraduate Research Project Application

Student's Name _____

Project Director's Name _____

Project Title _____

SIGNATURE PAGE

Student's Signature

Date

Project Director's Approval of Project

Date

Project Committee Member's Approval of Project

Date
