SU DEPARTMENT OF MATHEMATICS AND COMPUTER SCIENCE UNDERGRADUATE RESEARCH PROJECT APPLICATION

	COURSE INFO					
COSC 390	# of Credit Hours Semester/Year	tor/Voor				
	# Of Orealt Floats Gennester/ real					
l'd like this project to be considered for Departmental Honors						
STUDENT INFO						
Name	ID Number					
Major						

Salisbury University Department of Mathematics and Computer Scie Undergraduate Research Project Application	ence
Student's Name	-
Project Director's Name	<u>.</u>
Project Title	<u>.</u>
SIGNATU	RE PAGE
Student's Signature	Date
ProjectDirector's Approval of Project	Date
Project Committee Member's Approval of Pr	oject Date