

## Request for Undergraduate Research (UR) Attribute

Department or Program:	School:
Course Number: Course Title:	
Semester Hours: Instructor:	Attribute for: 🗆 course 🛛 certain sections of course

The UR attribute may be assigned to courses or sections of courses in which undergraduate students engage in an authentic experiential scholarly research or creative activity. In the space below, please describe how this course will address the undergraduate research learning outcomes.

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epartment Chair or Coordinator Signature:	Date:
ndergraduate Research Council Approval:	Date:

Office Use Only Processed By: \_\_\_\_\_

Brockway Hall, Jacobus Lounge Room 221 o P.O. Box 2000 o Cortland, NY 13045-0900 Phone: (607) 753-4702 o Fax: (607) 753-2959 o E-mail: srrs@cortland.edu

Date: