College of Agricultural & Life Sciences
UNIVERSITY OF WISCONSIN–MADISON
Growing the future

Hort 699 Form

Student Information
Name:_____ Campus ID:_____
Email:_____
Signature of Student:_____ Date:_____

Instructor Information
Name:_____ Department:_____
Email:_____
Signature of Instructor:_____Date:_____

Course Information
Term (e.g. Fall 2014):_____ # of Credits*:_____

***3 hours of work per week per 15 week semester = 1 credit; For information about the Federal Credit Definition, please refer to https://kb.wisc.edu/page.php?id=36263*

- **Describe the proposed independent research project and how it relates to the Horticulture major. If you require additional space, please use the back of this form.**

- **Describe how the student's grade will be evaluated (paper, skills, etc.)**

*Please return this completed form **prior to registration** to the Horticulture Student Services Office at 386 Horticulture. Questions can be directed to kjones26@wisc.edu*