REQUEST FOR ACADEMIC CREDIT FOR  
APPLIED SENIOR PROJECT 

School of Engineering and Applied Science  
University of Pennsylvania  

- **Applied Senior Project:** An analysis of the societal impact of a technical problem or process. It should draw from the student’s technical background, i.e. engineering and science, and integrate principles learned in social science or business courses.

1. Formulate a first draft of your **Project Proposal.** The **Project Proposal** should be a brief document, consisting of:
   - Introduction;
   - Statement of the problem or objective of the project;
   - Results expected;
   - Manner of presentation of results (e.g. a final written report); and
   - References where appropriate.
2. Meet with your Faculty Advisor to discuss your proposal. Also discuss how this credit will satisfy your curriculum requirements.
3. If your Faculty Advisor is not your project advisor, identify an appropriate person to serve as your project advisor, and meet with that person to discuss your interest.
4. Submit this completed and signed form to the Office of Academic Programs, 111 Towne. **A copy of your Project Proposal must accompany this form.**

Term Degree Expected: _______________________  
Today’s Date _____________________________________________

Name of Student: ________________________________________________________  
SID Num:  ______________________________________

Email Address:  __________________________________________________________  
Tel Num:  _______________________________________

Major:  _________________________________________  
Faculty Advisor Name:  _____________________________________________________

**Type of Credit Sought:**  
☐ EAS 499 - Applied Senior Project (1.0 CU)

**Term to be Registered:**  
☐ Fall  ☐ Spring  ☐ Summer  
Year: 20 ____________

Proposed Project Title:  
____________________________________________________________________________________

**APPLIED SENIOR PROJECT ADVISOR SIGN-OFF:**

Signature:  ________________________________________________________  
Date:  ____________________________

Print Name:  ________________________________________________________  
Tel:  ____________________________  
Email:  ____________________________

**FACULTY ADVISOR AND UG CURRICULUM CHAIR SIGN-OFF:**

Faculty Advisor Signature:  ________________________________________________________  
Date:  ____________________________

UG Curriculum Chair Signature:  ________________________________________________________  
Date:  ____________________________