

RESEARCH REGISTRATION FORM

(Optional Registration Form for Departments to Use for their Research Courses)

INSTRUCTIONS FOR STUDENTS:

- 1. Complete Part I and II on this application.**
- 2. Obtain the signatures of the faculty member supervising your research, your primary program adviser, and the chairperson of the department in which the proposed research is to take place.**
- 3. File the form with the Registrar's Office, Boyden Hall, room 003 by the last day of the drop/add period for the semester or session.**

PART I – To be completed by the student – PLEASE PRINT:

NAME _____ **MAJOR(S)** _____

BANNER ID# _____ **MINOR** _____

CLASS/LEVEL: ____ FR ____ SO ____ JR ____ SR ____ PB ____ Graduate Student

E-MAIL _____

SEMESTER/SESSION (Check one): YEAR _____

____ Fall ____ Spring ____ Summer I ____ Summer II ____ Summer 10 Week

____ Full Year (Sept-May) ____ Odd Date (specify start and end dates) _____

RESEARCH DEPARTMENT COURSE NUMBER and TITLE:

4-Letter Course Department Code (ex. PSYC) _____ **Course Number (ex. 497)** _____

Course Title (as listed in the BSC Catalog) _____

TOTAL CREDIT HOURS _____

(NOTE – Check research credit options in the BSC Catalog before completing. Approved credits cannot deviate from credits as published. No exceptions can be made.)

PART II – To be completed by the student and faculty supervisor:

DESCRIPTION OF RESEARCH PROPOSAL:

Please provide a brief description of the proposed research which should include the goals, action plan and assessment methods.

GOALS: _____

ACTION PLAN: _____

GRADING: _____

STUDENT SIGNATURE _____ DATE _____

PART C – To be completed by the major and supervising departments:

By my signature, I approve this student to register for this research course.

ADVISER SIGNATURE _____ DATE _____

NAME OF FACULTY SUPERVISOR (PLEASE PRINT) _____

FACULTY SUPERVISOR SIGNATURE _____ DATE _____

DEPT.CHAIR of RESEARCH SIGNATURE _____ DATE _____

FORWARD APPROVED FORM TO REGISTRAR'S OFFICE FOR PROCESSING