

## **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. Under Part III, 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 BSU Catalog)** \_\_\_\_\_

**TOTAL CREDIT HOURS** \_\_\_\_\_

**(NOTE – Check research credit options in the BSU 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 III – 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**