



# APPLICATION FOR DIRECTED RESEARCH (299 or 399)

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## REQUIRED SIGNATURES

**STUDENT:** You should refer to the current *College Catalog* for the general regulations for undertaking Directed Research.

I have carefully provided all of the information necessary to complete this application and am familiar with the restrictions and guidelines that apply to Directed Research. I fully understand that my proposal will not be approved unless all aspects of my project are clearly stated.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **ADVISER APPROVAL:**

Please read the project application submitted by the student. Approve her/his registration for these credits of Directed Research by signing in the space provided. Your signature confirms that the proposed project conforms to the regulations on Directed Research and to departmental policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **DIRECTOR APPROVAL:**

Indicate your approval by signing this form and keep a copy for your records. Please also obtain your department chair's approval for directing this project. Return the completed application to the student.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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FOR OFFICE USE ONLY: \_\_\_\_\_ DATE: \_\_\_\_\_

Course ID \_\_\_\_\_ - \_\_\_\_\_ • \_\_\_\_\_

SECT \_\_\_\_\_

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