INDEPENDENT RESEARCH PROJECTS  COURSE APPROVAL FORM

STUDENT NAME: ________________________________

SCHOOL: _____________________________________

GRADUATION MONTH/YEAR: ______________________

E-MAIL ADDRESS: _______________________________

TELEPHONE: ________________________________

NAME OF RESEARCH ADVISER: _________________________

SEMESTER OF RESEARCH: ______________________

NUMBER OF POINTS YOU ARE REGISTERING FOR**: __________

SIGNATURE AND DATE OF STUDENT SUBMITTING PROPOSAL: ____________________________

SIGNATURE AND DATE OF FACULTY ADVISOR: _______________________

SIGNATURE AND DATE OF PROGRAM DIRECTOR: _______________________

THE FOLLOWING MUST BE ATTACHED TO THIS PROPOSAL FOR REVIEW BY YOUR ADVISOR AND THE PROGRAM DIRECTOR:

1. One page work abstract
2. Schedule of work
3. Bibliography

This information should be finalized the semester prior to the semester in which you want to do your research project.

** General point requirements for research projects:
2.0 points - 15-20 page paper or combination of papers
3.0 points - 25-30 page paper or combination of papers
4.0 points - 35-40 page paper or combination of papers