



INDEPENDENT RESEARCH

STUDENT INFORMATION: (Print)

Mr. Mrs. Ms.

First Name	Middle Initial	Last Name
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Student ID Number	Division (Day or Evening)	E-Mail Address
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Address	City	State	Zip	Date
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Credit Hours Completed at the end of prior semester _____

Supervising Instructor _____

Term: Fall Spring * Summer Session Year: _____

* Special permission is required to take Independent Research in the Summer Session

**Only one hour of Independent Research credit may be earned by a student each semester
The grade earned will be pass, low-pass or fail**

This Independent Research course is **NOT in lieu of a seminar**

Instructor's signature if **not** in lieu of a seminar: _____ Date: _____

This Independent Research course is **in lieu of a seminar**. If in lieu of a seminar, you must have completed 54 hours before the work begins and a substantial seminar-type paper must be written to fulfill the requirement.

Instructor's signature (**if in lieu of a seminar**): _____ Date: _____

Student's signature: _____ Date: _____

Assistant Dean's signature: _____ Date: _____

Credit will not be awarded until the instructor signs below to indicate the requirements have been completed.

CERTIFICATION OF COMPLETION

The above-named student completed the requirements for Independent Research. If in lieu of a seminar, a seminar-type paper has been submitted to fulfill this requirement.

Grade: Pass Low Pass Fail

Instructor's signature: _____ Date: _____