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

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