

This form and attachments should be completed when a graduate student wishes to pursue an independent/directed study, or research for credit with a faculty mentor.

## Please complete this form and return to your Department Advisor

## **COMPLETE ALL REQUESTED INFORMATION AND OBTAIN ALL REQUIRED SIGNATURES**

Legal Name:	Fredonia ID
Faculty Mentor	Department
Course Number	Number of Credits
Semester/Year to be completed	_
	itted to the Registrar's Office no later than 4 weeks prior to the ch will begin. <b>Please be aware that research with human subjects</b>
requires Human Subjects Approval. Information	on that process can be found on the <u>Sponsored Programs website</u> .

Please attach a document which clearly addresses the following:

- -Description and rationale of the independent study or research project
- -Study activities and anticipated outcomes
- -Method of evaluation (attach a brief syllabus)
- -Explanation of graduate level activities to be performed during the study

Additional Comments:

## **REQUIRED SIGNATURES by the following offices:**

Office Name & Location	Signature	Date
Student's Signature		
Faculty Mentor/Instructor's Signature		
Advisor's Signature		