

INSTRUCTIONS FOR STUDENTS

- Students in the College of Arts and Sciences and Westbrook College of Health Professions who are conducting research must complete this application, obtain approval and submit completed paperwork to the Registrar's Office for processing.
- The completed application is due to the Registrar's Office **two weeks prior to the start of the term.**

STUDENT INFORMATION

Last Name: _____ First Name: _____ PRN: _____

Email Address: _____ Campus: Biddeford Portland

Major/Minor: _____ Level: UG Graduate Student

Semester (Fall, Spring, Summer): _____ Year: _____

SECTION I: RESEARCH DEPARTMENT COURSE NUMBER AND TITLE

Course Subject (ex. BIO): _____ Course Number (ex. 410): _____

Course Title (27 characters max, including spaces): _____

Grading Mode: Pass/Fail Letter Grade Credits: _____ Completion Date: _____

Additional Fee Amount, if applicable: _____

Research Advisor's Name (Please Print): _____

Research Advisor's Email: _____

SECTION II: Course Description

Please provide a brief description of the proposed research which should include the goals, the action plan, and the assessment methods or attach a syllabus.

Goals:**Action Plan:****Grading**

SECTION III: RESEARCH APPROVALS (Font signature NOT accepted)

By signing below, I approve this student to register for this research course.

Student's Signature: _____ Date: _____

Research Advisor's Signature: _____ Date: _____

Research Advisor Dept Chair's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____