

INSTRUCTIONS FOR STUDENTS

1. Complete the Student Information, Section 1, and Section 2 parts of this application.
2. Under Section 3, obtain the signatures of the faculty members supervising your research, your advisor, and the department head of the department where the proposed research is to take place.
3. File the form with 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 PRN: _____

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: APPROVALS (Font signature NOT accepted)

By adding my signature, I approve this student to register for this research course.

Student's Signature: _____ **Today's Date:** _____

Research Advisor's Signature: _____ **Today's Date:** _____

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

Dean's Signature: _____ **Today's Date:** _____