

REGISTRATION FORM FOR DIRECTED RESEARCH

You must have an approved "Petition for Variance" in order to register for a Directed Research.

BARRY ID#: _____

LAST NAME: _____ FIRST NAME: _____

BARRY EMAIL: _____ CELL PHONE #: _____

SUPERVISING FACULTY MEMBER NAME: _____

SEMESTER: FALL SPRING SUMMER 20_____

1 Credit Directed Research (Requires 3,750 words)

2 Credit Directed Research (Requires 7,500 words)

Provide subject matter for the Directed Research Project:

Student Acknowledgement:

I certify that I am not completing the Directed Research for the Upper-Level Writing Requirement. I understand that if I am a research assistant, I will not use the same subject matter for the Directed Research project. I further certify that I have not previously registered and/or completed another Directed Research.

Student's Signature

Date

Faculty Acknowledgement:

I certify that I have agreed to serve as the supervising faculty for this Directed Research project.

Supervising Faculty Signature

Date

OFFICIAL USE ONLY

Date Form Received: _____

Date Processed: _____

Processed By: _____