

# Directed Research Project Request

Submit this form with your proposal (see page 2) to the full-time faculty member for signature and then to Registrar for the Academic Dean's approval.

Student's Name: \_\_\_\_\_  
Please Print

Student ID U #: \_\_\_\_\_

Phone #: \_\_\_\_\_

F/T Day: \_\_\_\_ P/T Day: \_\_\_\_ P/T Eve: \_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

