

**PERMISSION TO REGISTER FORM  
UNDERGRADUATE RESEARCH/INDIVIDUAL INVESTIGATION  
PSYC 31498 SU GRADE/PSYC 41498 LETTER GRADE**

**Date:** \_\_\_\_\_

Permission Date:  
\_\_\_\_\_

**Semester:** Spring \_\_\_\_\_ (year) Summer \_\_\_\_\_ (year) Fall \_\_\_\_\_ (year)

Registration for this course is controlled. You must complete this form, have it approved and signed by a faculty member, and return it to the Main Office (Kent Hall 144) before you will be permitted to register.

1. After you have been accepted into a faculty member's research lab you will need to consult with the faculty member to agree on the research tasks you plan to do, number of credit hours, and select a grading option. If you wish to receive a letter grade, be sure that you and the faculty member agree on how the grade will be determined. Then, complete the form below and obtain the faculty member's signature. Return the completed form to Main Office in Kent Hall 144.
2. Students conducting research where they come in contact with animals must contact the senior animal technician in 235 Kent Hall Addition/Annex (Laure Farnbach - [lfarnbau@kent.edu](mailto:lfarnbau@kent.edu)) for information on a preliminary health check and have this form initialed below before turning it in to the Psychology Office.
3. If you are working with more than one faculty member on separate projects, you must submit a separate form for each project and register for separate sections of PSYC\_31498/41498.
4. Permission slips from previous semesters do not carry over. You must submit a new form each semester.

**If you need help completing this form, please call the Main Office (330-672-2166) for assistance.**

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**Student Name:** \_\_\_\_\_ **KSU Student ID #:** \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Credit hours for this course: \_\_\_\_\_ Total number of credit hours for entire semester: \_\_\_\_\_

☐ PSYC41498 Individual Investigation (Letter Grading Section) \_\_\_\_\_ CRN#: \_\_\_\_\_

☐ PSYC31498 Undergraduate Research (S/U Grading Section) \_\_\_\_\_ CRN#: \_\_\_\_\_

Criteria (for letter grade PSYC 41498 only): \_\_\_\_\_

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Approved (faculty signature – also, please PRINT the last name):

Key Card Access Needed? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, which room(s): \_\_\_\_\_

Animal Research check: \_\_\_\_\_