

Fall/Spring Individual Investigation/Research Form Application for Approval

Please complete this form prior to registration, and obtain the approval signature of the professor who is working with you. A copy will be returned to you by the professor upon approval.

Fall **Spring** **Year: _____**

Student name: _____

Kent State ID number: _____ (If unknown, include middle initial and year of birth.)

Email address: _____

Program area: _____ Department: _____

Course number: _____ **Section:** _____ **CRN:** _____

Credit hours: _____ **Professor:** _____

Description of your project (goals or objectives):

Student signature: _____

Faculty signature: _____

Co-director (if appropriate): _____

Date registered: _____ **Confirmed by:** _____

Note: The following are acceptable; please attach.

_____ **Email**
 _____ **Fax**
 _____ **Letter**