Kent State University
College and Graduate School of Education, Health, and Human Services (EHHS)
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: ____________________________________________

Banner ID# Number: ____________________________
(If Banner ID# unknown, Middle Initial and DOB)
Email Address: ____________________________________________

Program Area: ____________________________ Department: ____________________________
Course Number: ________ Section Number: ________ 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
_____ E-mail
_____ Fax
_____ Letter

Revised: 11/20/2007