 Research or Independent Study Approval Form

Student Name Campus ID Semester Requested Instructor of Record (must be Physics Faculty)

Active Supervisor/Advisor (if different from above) Department

Brief description of course content and proposed work:

Description of proposed written summary report. This report need not be lengthy, but should be indicative of what was actually accomplished. Please briefly summarize what outcome/summary report/deliverable is expected by the faculty advisor at the completion of your research/independent study opportunity.

**This research experience is (check 1):**

* Paid, student hourly
* Paid, research assistant stipend
* Unpaid

Note: If paid hourly, indicate the hourly rate here \_\_\_\_\_\_\_\_\_\_

**Indicate number of credits associated with this semester-long experience (paid and unpaid experiences qualify):**

Planned average hours/week of work for  weeks. Proposed number of credits (1,2, or 3)

***Note: minimum of 45 hours work is expected for each credit.***

*Note: if the student is not earning credit, list number of credits as* ***0***

Number of meetings planned with supervisor .

Signed

 date (Student)

 date  (Instructor of record)

(Active supervisor/advisor if applicable)

date