APPLICATION FOR DIRECTED RESEARCH (299 or 399)

General regulations and descriptions are printed in the College Catalog.

For deadlines see Student Dates to Remember on the Registrar’s Office website. http://www.grinnell.edu/about/offices-services/registrar/calendars

Please TYPE OR PRINT legibly

Name ___________________________ Student ID ___________________________ Class Yr. _______

Major ___________________________ Adviser Name ___________________________

Dept. of Registration __________________ Faculty Director Name ___________________________

E-mail Address ___________________________ Box __ - ___  Is this group research? ___ Yes ___ No (check one)

Full Project Title: ____________________________________________________________

Transcript Title (24 characters maximum including spaces):

I. Type of Directed Research (check one):

299 Directed Research: 2 cr ___  4 cr ___  Fall  Spring  Summer  Year ______

399 Directed Research: 2 cr ___  4 cr ___  Fall  Spring  Summer  Year ______

II. Project Check List (complete ALL items):

In consultation with your faculty director determine the details of the project. Attach a typed project statement which includes the following information (please use the numbered section headers below in your statement):

a) a thesis statement or equivalent,
b) an outline of the project,
c) a bibliography, and
d) an indication of academic preparation for this study

III. Expectations for Directed Research

A) Provide a specific schedule of meetings with your faculty director below:

Meeting days: (circle all that apply) Mon.  Tues.  Wed.  Thurs.  Fri.

Meeting Time(s): ____________________________

NOTE: Students are typically expected to meet with their faculty director at least one time per week. Exceptions should be addressed in a separate note attached to this application or your application approval will be delayed.

B) Describe the product(s) of your project (i.e. papers [including length], works of art, presentations, journals, etc.) and the deadlines for completion of the major sections of the project.

Product: ___________________________________________________________ Deadline: ______________

Product: ___________________________________________________________ Deadline: ______________

NOTE: If several projects are due, please attach a separate list to this application.
REQUIRED SIGNATURES

STUDENT: You should refer to the current College Catalog for the general regulations for undertaking Directed Research.

I have carefully provided all of the information necessary to complete this application and am familiar with the restrictions and guidelines that apply to Directed Research. I fully understand that my proposal will not be approved unless all aspects of my project are clearly stated.

Signature ______________________________ Date: _______________

ADVISER APPROVAL:
Please read the project application submitted by the student. Approve her/his registration for these credits of Directed Research by signing in the space provided. Your signature confirms that the proposed project conforms to the regulations on Directed Research and to departmental policies.

Signature ______________________________ Date: _______________

DIRECTOR APPROVAL:
Indicate your approval by signing this form and keep a copy for your records. Please also obtain your department chair’s approval for directing this project. Return the completed application to the student.

Signature ______________________________ Date: _______________

FOR OFFICE USE ONLY:
ASSOCIATE DEAN APPROVAL __________________________ DATE: ______________
Course ID ______ - _____ . ___  SECT _________  RGN _________

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