

# APPLICATION FOR DIRECTED RESEARCH (299 or 399)

General regulations and descriptions are printed in the *College Catalog*.

For deadlines see Dates to Remember on the Registrar's Office website. <http://www.grinnell.edu/offices/registrar/courseinfo>

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):

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## 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.

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## 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 \_\_\_\_\_

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FOR OFFICE USE ONLY:

**ASSOCIATE DEAN APPROVAL** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Course ID \_\_\_\_\_ - \_\_\_\_\_ . \_\_\_\_\_

SECT \_\_\_\_\_

RGN \_\_\_\_\_