



Application to Engage in Directed Research for Academic Credit
(Please refer to Section 704 of the SLS Academic Code)

Name of Student: _____

Date of Application: _____

The proposed Directed Research will take the form of:

Check one - _____ Supervised Research _____ Independent Project

Academic Term for which student intends to register:

Fall 20____ Spring 20____ Summer 20____

Credit Hours Student seeks to receive for this Directed Research:

_____ 1 credit _____ 2 credits

Has the Student Received Academic Credit for any other Directed Research counting toward the J.D.?

_____ *Yes (How Many Credits? _____)* _____ *No*

Total number of Pass/No Credit/Fail credits the student has registered for, including the semester intended for this Directed Research: _____

Professor's Signature: _____

Student's Signature _____

Please attach a detailed description of the independent study topic

ASSOCIATE DEAN'S ACTION:

Approved **Disapproved** **Other**

Comments:

Signed by: _____ **Date:** _____

Signature of Associate Dean