

AUTHORIZATION TO ENROLL IN CIE 593, EPSY 593, PS 593 & SPED 593

RESEARCH PROJECT

TO BE COMPLETED BY STUDENT

NAME OF STUDENT

UNIVERSITY ID #

AREA OF SPECIALIZATION

Describe research project.

TO BE COMPLETED BY INSTRUCTOR

_____ has permission to enroll in _____ 593
(Research Project) call reference number _____, for _____ hours of credit
during _____ semester, 200____.

INSTRUCTOR'S SIGNATURE

DATE

RETURN TO 3145 EPASW AFTER INSTRUCTOR SIGNATURE IS OBTAINED.
**DUE NO LATER THAN THE 10TH DAY OF THE SEMESTER (Fall, Spring) or
the 5TH DAY (Summer).**

**Note: Research Project may be taken for 1-8 semester hours of credit. The student
must indicate the amount of credit hours sought on both the proposal and
registration form.**

**You must register for the section using the UI-Integrate Self Service Registration
System before the published deadlines listed in the Schedule of Classes.**

UIC COLLEGE OF EDUCATION
UNIVERSITY OF ILLINOIS AT CHICAGO

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RESEARCH PROJECT

I, _____, will register for a research project
with, _____.
Advisor's name

As you know, in many cases IRB approval is required for the research project. As the advisor/instructor for this project we assume you will monitor this process.

- I have applied for IRB approval.**
- I have not applied for IRB approval.**
- I will apply for IRB approval _____.**
Date