

Authorization to Enroll in CIE 593, EPSY 593, PS 593 & SPED 593

Research Project

To be completed by the student:

Name of Student: _____

University ID #: _____

Area of Specialization: _____

Describe your research project:

To be completed by the instructor:

_____ has permission to enroll in _____ 593

(Research Project), course reference number (CRN) _____ for _____ semester hours of
credit during the _____ semester, _____.

Instructor's Signature: _____

Return to 3145 ETMSW 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.

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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 _____.