STUDENT INFORMATION:

Name: __________________________________ X __________________________________
First Middle Initial Last   Signature

Address: _____________________________________________________________________
Street      City    State  Zip

Contact: _____________________________________________________________________
Primary Phone Number   Email

Graduate Program: American Culture Studies □ Biology □
International Affairs □ Master’s of Liberal Arts □ Statistics □ Student ID#: ____________

PROJECT INFORMATION:

Directed Research Project or Practicum____    or Master’s Thesis (6 units, courses 502 & 503) _______
(3 units, course 502)   Requires approved Title, Scope & Procedure form
3 months prior to registration

Semester(s) of Study: Spring □ Summer □ Fall □  Year: 20_____

Project Title: __________________________________________________________________
Attach a full description of the project, including objectives, methodology, potential sources, and anticipated schedule.

RESEARCH ADVISOR:

Name: _________________________________   Employee ID__________________________
First   Last     (For Payroll)

Contact: ______________________________________________________________________
Primary Phone Number   Email

I have reviewed the written proposal with the student and agree to supervise this project for the semester indicated. A copy of the written project proposal is attached.

Name: __________________________________ X ___________________________________
First    Last    Signature & Date
FACULTY READERS:
(I needed for DRP, 2 for Master’s Thesis)

Name: __________________________________ X ___________________________________
First  Last   Signature & Date

Name: __________________________________ X ___________________________________
First  Last   Signature & Date

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GRADUATE PROGRAM COORDINATOR APPROVAL

Name: __________________________________ X ___________________________________
First  Last   Signature & Date

UNIVERSITY COLLEGE APPROVAL

Name: __________________________________ X ___________________________________
First  Last   Signature & Date

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Return this form and project description to University College, West Campus, 11 N. Jackson, suite 1000 Clayton MO 63105. You may also scan and email to ucollege@wustl.edu

Office Use Only: Course Numbers(s) U ________________ Section: ______________

Payroll Approval: ______________________ Date: ____________ ___