Contract of Terms for Project or Directed Research
Agreement/Approval Form for 695, 698, 699, or 799
(To be filled out by the student and the supervising faculty member)

Student Name (Last, First) ____________________________
Student Number ____________________________

Email Address ____________________________
Local Phone Number ____________________________

This student has my permission to enroll in ______(fill in Dept.) 695, 698, 699, or 799 (circle one) for the ______ (state semester of enrollment), with the understanding that the student will fill out the Contract below with the supervising faculty member of the student 's choice. It must be returned by the "Last day for Registration " of the semester of enrollment.

Program Director ____________________________

GENERAL TOPIC: ____________________________________________

RESOURCES TO BE UTILIZED: ____________________________________________

BRIEF TOPICAL OUTLINE OR PLAN: (if more room is needed, attach additional sheet) __________

STATED OUTCOMES: (in other words, upon completion of this, what will the student be submitting for a grade?) __________

Submitted by: ____________________________
Signature of Student ____________________________
Date ____________________________

Supervising Faculty Member: ____________________________
Print Name / Signature ____________________________
Date ____________________________

Approved by Department Chair: ____________________________
Print Name / Signature ____________________________
Date ____________________________

Please return completed form to the Graduate Studies Office.