SCHOOL OF COMMUNICATION

GRADUATE STUDIES & RESEARCH

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.