RESEARCH AIDE
INDEPENDENT STUDY PERMISSION FORM

NAME_____ **PS#**_____

Email_____ **Year in School**_____

I hereby request permission to register as a **one / two credit (circle number of credits)** Research Aide, assisting Professor _____ with research for the _____ semester of Academic Year _____. *Please note that under our new Credit Hour Calculation Policy, each Research Aide seeking credit must record all time spent on the project, which must equal or exceed 42.5 hours per credit hour, and that the supervising faculty member must approve all hours.*

I understand that my professor will evaluate my work and that, in addition, I must submit a spreadsheet detailing the time spent on the project to my supervising faculty member by the end of the semester in which I am registered to receive the "S" in the course. Failure to do so will result in a grade of "U" appearing on my transcript.

_____ _____
Student Signature Date

APPROVED:_____ _____
Supervising Faculty Member Date

APPROVED:_____ _____
Vice Dean Date