



RESEARCH ASSISTANT REGISTRATION FORM

This research position is graded on a Pass/Fail basis and grants 1 semester hour of credit

Part I – To be completed by the Mentoring Professor and given to the student

I, Professor _____ agree to mentor this student’s research in accordance with the attached **mentoring plan**. My evaluation will be based on the student’s completion of at least 90% of the specified work by the end of the semester.

DEPARTMENT			
MENTORING FACULTY SIGNATURE			__ / __ / __

Where the student’s research assistance materially contributes to a publication authored by me, I will endeavor to acknowledge it.

SIGNATURE _____ DATE _____

Part II – To be completed by the student

STUDENT NAME (PLEASE PRINT)				
STUDENT ID				
TERM OF REGISTRATION				
CUMULATIVE CREDITS EARNED	<input type="checkbox"/> 0-29 (FR)	<input type="checkbox"/> 30-59 (SO)	<input type="checkbox"/> 60-89 (JR)	<input type="checkbox"/> 90+ (SR)
LAST REPORTED CUM GPA	<i>Minimum for application is 3.00</i>			
STUDENT SIGNATURE				__ / __ / __

Part IV – To be completed by the Registrar

SIGNATURE _____ DATE _____

This form must be submitted to the Registrar’s office no later than the end of the third week of classes.