

STUDENT REGISTRATION FOR 1-CREDIT RESEARCH ASSISTANT POSITION

PART I – TO BE COMPLETED BY THE STUDENT

NAME _____
EMAIL _____
SEMESTER _____
STANDING (FR, SO, JR, SR) _____ GPA (minimum 3.0) _____

PART II – TO BE COMPLETED BY THE MENTORING PROFESSOR

I 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: _____
SIGNATURE _____
DATE _____

PART III – APPROVAL OF DEAN OF ACADEMIC AFFAIRS

APPROVED: YES NO
SIGNATURE _____
DATE _____

STUDENT SIGNATURE _____
DATE _____

THIS APPLICATION MUST BE SUBMITTED TO THE DEAN’S OFFICE BY THE END OF THE THIRD WEEK OF CLASSES.

Please attach the professor’s mentoring plan.