

Semester _____ Year _____

STUDENT INFORMATION:

Student ID _____

Last Name _____

First Name _____

Major _____

Day Phone _____

DEGREE AUDIT INFORMATION:

This course will count in the student's program of study as:

 Major Requirement Major Elective General Elective

Credits _____ Grade Type: P/F _____ Letter Grade _____

Begin Date _____ End Date _____

Faculty Supervisor _____

POLICY:

Directed research involves the student actively engaging in research under the supervision of a full-time faculty member in a related discipline. The purpose of a Directed Research project is to explore a theoretical or experimental research problem, the goal of which is a substantive paper or written report containing significant analysis and interpretation.

Directed Research is not a replacement for an existing course, but requires greater direct supervision by a faculty member than an independent study. The amount of supervision will be determined by the faculty member and included on this Directed Research form.

In accordance with the College's Credit Hour Policy, students must complete work time commensurate with laboratory courses, where between 45 to 90 hours of learning activities are required for every one credit earned. (135 to 180 hours for a three-credit course.) Students must document their hours on the Directed Research Time Sheet.

- Only upper-class students with a minimum GPA of 2.5 and sixty (60) earned credits are eligible to register for Directed Research.
- Students are limited to 2-4 credits per semester, and may take up to eight (8) credits of Directed Research during their attendance at La Roche College.
- Individual departments may further limit the maximum number of credits allowed.
- Each department will decide whether or not to offer directed research.

PROCEDURE:

This form, with all signatures must be submitted to the Registrar's Office by the end of the add/drop period for the semester. The Registrar's Office will add the Directed Research course to the student's registration schedule.

Topic: _____

Proposal: (Rationale and Goals - attach additional sheet if necessary)

Method of Evaluation: _____

Date Study to Be Completed _____

CONTACT HOURS: With Instructor _____ hrs./contacts/meetings/per _____ (week, month, semester)

Comments: _____

Student must document independent work hours on the attached Directed Research Time Sheet

Note to Student:

- Please provide a local address or mailbox number. A copy of this form will be mailed to you by the Registrar's Office.

Address Line 1 or LRC Mailbox No.

City

State

Zip

REQUIRED SIGNATURES:

I agree to complete the Directed Research under the conditions prescribed by the faculty instructor. By signing below I am requesting registration for the course listed and assume all academic and financial responsibilities related thereto.

(Student's Signature)

(Date)

I agree to offer this Directed Research Course to the above named student during the specified semester time period.

(Faculty Instructor's Signature)

(Date)

(Academic Advisor's Signature)

(Date)

ADMINISTRATIVE APPROVALS:

(Department Chair Signature)

(Date)

(Division Chair Signature)

(Date)

The above-named student meets the necessary criteria for a Directed Research.

(Registrar Signature)

(Date)

The Directed Study as described in the above contract is approved.

(Associate V.P. for Academic Affairs & Graduate Dean)

(Date)

Office of Academic Affairs- ZCC202

REGISTRAR'S OFFICE USE:

___ Catalogue

___ Schedule

___ Degree Audit

(Registrar's Office Authorized Signature)

(Date)

Course Number/Section _____

Copies to Faculty Instructor, Student, Academic Affairs

- You are now enrolled in the above-noted course and bound by all drop/withdrawal deadlines and refund policies of the College.

