Office of the Registrar

DIRECTED RESEARCH APPLICATION / CONTRACT

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

(Cont. on Back)

02/2015
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 and Graduate Dean)  (Date)
Office of Academic Affairs- CC 218

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.

02/2015
# DIRECTED RESEARCH STUDENT TIMESHEET

## STUDENT INFORMATION:
- Student ID: ____________________________
- Student Name: __________________________

## COURSE INFORMATION:
- Course Number: ________________________
- Course Title: ___________________________
- Begin Date: ___________ End Date: ______
- Faculty Instructor: ______________________

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<th>Description of Work/Learning Activities</th>
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Total Hours: 45 hours per 1 credit required. 135 hours for a 3-credit course.

_I hereby certify that the information above is true and accurate._

(Student Signature) (Date)

_Student: Please submit completed timesheet to the Faculty Instructor by the end date indicated above._

02/2015