Independent Research Proposal

An outline of your proposed research must be attached to this form before you submit it to the Independent Research and Internship with a Professor Coordinator. The supervising professor and the Independent Research and Internship with a Professor Coordinator must both approve your proposal by the end of the second week of the fall or spring semester, or by the end of the first week of the summer session.

Date: ______________________

Name: __________________________________________________     ID#: ____________________________________

Phone Number: ____________________     Email Address: ___________________________________________________

Supervising Professor: _______________________________________

Number of Independent Research credits requested: (0-4) _________

Semester: □ Fall     □ Spring     □ Summer     Year: 20_____

Will this project satisfy the Advanced Research and Writing Requirement? □ Yes     □ No

Has this project made use of any previous writing done to fulfill the requirements of another course? □ Yes     □ No

I have read the Independent Research course description and have attached a detailed proposal.

Student Signature: _________________________________________     Date: _________________________________

I have agreed to supervise this Independent Research Project.

Professor’s Signature: _________________________________________     Date: _________________________________

This Independent Research project is: □ Approved     □ Rejected

The following changes are required for approval:

__________________________________________________________________________                 ____________________________________________________________________

__________________________________________________________________________                 ____________________________________________________________________

__________________________________________________________________________                 ____________________________________________________________________

__________________________________________________________________________                 ____________________________________________________________________

Independent Research and Internship with a Professor Coordinator          Date

Office use only

Date received ______________          Date processed ______________    Completed by ______________

Last updated December, 2015

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