



<h2>PROPOSAL FOR INDIVIDUAL DIRECTED RESEARCH FORM</h2>
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**Instructions for Student:**

Fill out this form completely. You must obtain the signature of the Academic Dean as well as the instructor before you will be registered for this IDR. Once you have received all necessary approval, turn this form into the Office of the Registrar for processing and registration.

**Please make sure to neatly print all information.**

**Student's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Student's Phone #:** \_\_\_\_\_ **Student's Email:** \_\_\_\_\_

**Term IDR will be completed:** Fall Spring Summer (if summer, which session \_\_\_\_\_)

**Year IDR will be completed:** 20\_\_\_\_\_

**Major:** \_\_\_\_\_ **Concentration:** \_\_\_\_\_

**Graduation Requirement to be fulfilled:** \_\_\_\_\_

**Proposed Title:** \_\_\_\_\_ **Proposed Units:** \_\_\_\_\_

(**Note:** each unit of credit will require 40 clock hours of research.)

PROJECT/THESIS STATEMENT:

PROJECT OBJECTIVES:

RESEARCH METHODS & RESOURCES:

METHOD OF EVALUATION:

REPORT DEADLINES (length of project):

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Approval \_\_\_\_\_ Date \_\_\_\_\_

Instructor Name (please print) \_\_\_\_\_

**Approval:**  
**VP Academic Affairs** \_\_\_\_\_ **Date** \_\_\_\_\_  
**(Academic Dean)**