MEREDITH COLLEGE

RESEARCH COURSE (299, 498, 499) INFORMATION FORM

Research Course Information Forms must be submitted to the appropriate Department Head and the Registrar's Office prior to or during the term of registration for the research course. This form is not necessary to complete registration.

Student Information

Name _____
First Middle Last

Email Address: _____

Student ID Number _____Class_____ Major _____

Course Information

DEPT/Number/Section _____ Term _____

Course Title _____ Instructor _____
Instructor email address: _____

Hours Credit _____ **Letter grades are required.**

Beginning Date _____ Ending Date _____

Description of Research Project

Title of Project:

Brief Description of Project:

Statement of Student's Learning Objectives (or attach a syllabus)

Signatures Required

Student _____ Date _____

Instructor _____ Date _____

Honors Program Director _____ Date _____
(If applicable)

Teaching Fellows Director _____ Date _____
(If applicable)

Department Head _____ Date _____