

SHORT TERM RESEARCH FORM

If you wish to remain on campus performing research during Short Term, please return this signed, completed form to the Residence Life and Health Education Office in Lane Hall.

Name _____

ID# _____ Box # _____ Campus Residence _____ Room _____

Research Assistant (paid) Faculty/Student Research Project (unpaid)

Name of Faculty member supervising research _____

Description of research project: _____

Will the student be engaged in research for a minimum of 15 hours per week? Yes No

How long will the student be engaged in the research? From _____ to _____
Date Date

Faculty Member's signature _____

Date

Student researcher's signature _____

Date