Directed Study, Directed Applied Research, and Practicum Registration Form

Instructor's Name		
Student's Name		
Student's KSU #		
Semester/Year		Credit Hours	

Select type of Directed Study (see guidelines for descriptions):	Mark "X"
Student learning/mentoring intensive, faculty benefit low	
Student learning/mentoring moderate, faculty benefit high	
Shared benefit	
Please provide a brief description of the proposed directed study including a description of the product (i.e., presentation, paper):	
Date product will be completed: / /	

_____

Signature of Student   Date

_____

Signature of Instructor   Date

Approval by Department Chair:

_____

Signature   Date

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<u>COURSE SYLLABUS</u>

Student Name   **KSU ID**

Student Email   **Online or f2f**

Course   **Semester**   **Year**   **CRN**

<u>Research Topic:</u>

<u>Course Work (what the student will be doing):</u>

<u>Course components student will be evaluated by (check all that apply):</u>

Attending & Participating in Regularly Scheduled Meetings   Progress Report Submission

Working Document (e.g. Lab Notebook) Submission   Grant Proposal

Technical Report   Journal Article   Conference Presentation

Other:

<u>Evaluation and weighted grade assignments are as follows:</u>

Course component	% or points
Total	

Final Grades: A: 90 or higher; B: 89-80; C: 79-70; D: 69-60; F: 59 or lower. Plagiarism and other forms of academic dishonesty are rewarded with an F (0%).
Academic Integrity: Each student at Kennesaw State University is responsible for upholding the provisions of the Student Code of Conduct, as published in the Undergraduate and Graduate Catalogs.

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COURSE SIGNATURES

Student Section:

Student: _____ _____ _____
                            Name   Student Signature   Date

If you sign and initial this form, you accept this directed research project for the semester specified on page 1. *Please verify the number of credits for that semester.*

Instructor Section:

Faculty Member: _____ _____ _____
                             Name   (Faculty signature)   (Date)

If you sign and initial this form, you accept this student for a directed research project for the semester specified on page 1. *Please verify the number of credits and your CRN for that semester.*

Department Chair Section:

Department Chair: _____ _____ _____
                             Name   (Faculty signature)   (Date)

If you sign and initial this form, you accept this student and faculty member for a directed research project for the semester specified in the student section.