

Name of Faculty/Research Coordinator: _____

Name of Student Requesting Semester of Research: _____

Student Phone Number: _____ Student E-mail: _____

Semester in which the student is requesting leave: _____

Requirements: This section must be completed jointly by the Faculty/Research Coordinator and the Student requesting leave.

1. Description of the Project (not to exceed 500 words)

Project Rationale:

Research Questions/Hypotheses:

Methodology:

Timeline:

2. Deliverables (e.g., literature review, annotated bibliography, # of interviews, data collected)

3. Other requirements (e.g., research meetings, IRB/research training, etc.)

Faculty/Research Coordinator Signature

Date

Faculty/Research Coordinator Printed Name

Student Requesting Leave Signature

Date

Student Requesting Leave Printed Name

Advisor Printed Name, (if not the Faculty/Research Coordinator)

Date

Advisor Signature, (if not the Faculty/Research Coordinator)