

DIRECTED RESEARCH ELECTIVE PROPOSAL

Date

MEMORANDUM

From: Name of Student

To: Professor Mackubin T. Owens, Jr., Associate Dean of Academics for Electives and Directed Research

Subj: DIRECTED RESEARCH ELECTIVE

1. I request permission to conduct a directed research project as a *fall/winter/spring* trimester elective.
2. Include a short paragraph describing the nature of the research project.

Signature
Name of Student

Sponsor:

Approved:

Signature
(Sponsors Name)

Signature
MACKUBIN T. OWENS, JR.

Copy to:
Nonresident Graduate Degree Program
Coordinator