

SOCIOLOGY & CRIMINOLOGY
RESEARCH ASSISTANT & INDEPENDENT STUDY PROPOSAL FORM

Student Name: _____ PSU ID #: _____

Phone: _____ Email: _____

Faculty Member/Instructor with whom you will be working: _____

Semester in which the student will be registered for these credits. (*Credits may be used only towards electives and do not count toward the CRIM or SOC major.*)

Summer _____

Fall _____

Spring _____

Course: (please circle your choice) CRIM or SOC - 294 / 494 (Research Projects)

CRIM or SOC - 296 / 496 (Independent Study)

CRIM or SOC - 494 (Honors Thesis)

Number of Credits: _____

DESCRIPTION

Describe the project or independent study:

Faculty Member's signature: _____ (Date) _____

Student's signature: _____ (Date) _____

PLEASE RETURN COMPLETED FORM TO 211 OSWALD TOWER NO LATER THAN THE FIRST WEEK OF CLASS. ALLOW 48 HOURS FOR PROCESSING THEN CONFIRM YOUR REGISTRATION VIA ELION. IF THIS COURSE DOES NOT APPEAR WITHIN 48 HOURS AFTER SUBMISSION, PLEASE CALL 814-863-0453.

ADMINISTRATIVE USE ONLY

Date Form Submitted: _____ Date Processed: _____ Verified: _____
Schedule Number: _____ Credits Added: _____ Notes: _____