

VALPARAISO UNIVERSITY – THE GRADUATE SCHOOL
DROP/ADD CARD – CHANGE IN REGISTRATION

STUDENT ID: _____

DATE: _____

NAME: _____

COURSES DROPPED

COURSES ADDED

DEPT	CRSE NO	SEC	CR HRS.	DEPT	CRSE NO	SEC	CR HRS.
Total Credits Dropped				Total Credits Added			

Total Credits After Change _____

Dean's approval for overload _____

Adviser's Signature _____

After securing adviser's signature, **RETURN THIS CARD ALONG WITH YOUR PROJECT PAPERWORK TO THE GRADUATE SCHOOL OFFICE.**



#692 RESEARCH PROJECT
GRADUATE SCHOOL
 VALPARAISO UNIVERSITY
 Valparaiso, Indiana 46383-6493
 (219) 464-5313 or (800) 821-7685

This form **must** be completed, signed by both the instructor and the advisor of the program involved, and returned to the Graduate School Office. Upon approval of the Dean of the Graduate School, copies will be distributed. **Please note:** This completed form does **not** constitute registration for this course. *The student must turn in the registration form with this research project form.*

IMPORTANT NOTICE: Enrollment in Independent Study (595, 692, 695) requires prior completion of 12 credits of graduate level work. No more than 6 credit hours of Independent Study (595, 692, 695 or any mix thereof) may be used toward completion of a master's degree program.

A copy of the project paper must be filed in the Graduate School Office upon completion.

DEPARTMENT: _____

DATE SUBMITTED: _____

STUDENT ID NUMBER: _____

1. NAME: _____
 LAST FIRST MIDDLE FORMER NAME

2. PRESENT ADDRESS: _____
 NUMBER AND STREET CITY, STATE, ZIP

3. HOME PHONE: _____ WORK PHONE NUMBER: _____

EMAIL ADDRESS: _____

4. PROJECT IS TO BE UNDERTAKEN IN THE _____ SEMESTER, 20 _____ NUMBER OF CREDITS _____

I. Title of Project: _____

Title for Transcript: RP: _____ (limit 24 letters & spaces)

II. PROPOSED PROJECT

Please submit a typewritten/double-spaced description on subject area(s), thesis, scope, particular approach, etc.

III. READING LIST

On an attached sheet, in a typewritten format, list at least 5 major references (texts, monographs, articles, etc.) that will support the project. References may include both primary and secondary source materials.

Instructor's Name (Printed): _____ Date: _____

Instructor's Approval Signature: _____ Date: _____

Program Advisor's Approval Signature: _____ Date: _____

Dean's Approval Signature: _____ Date: _____

PLEASE NOTE: Incomplete forms will not be processed.

cc: Registrar's Office