DEPT 496: Directed Research
Contract of Understanding

Student Name: ___________________________ CLU ID#: ____________________

Faculty Mentor (please print): __________________________

Mentor Contact Information: __________________________

Title of Direct Research: __________________________

Semester: □ Fall □ Spring □ Summer Year: 20 ____

Number of Credits (1-3): __________

Directed Research Proposal Guidelines: (please attach your proposal separately)

Develop a brief description of the activities for the directed research experience including:

A. Nature and scope of the proposed tasks/methods/creative process
B. Final products anticipated

Student Responsibilities (signature below indicates agreement with conditions)

A. Maintain a work schedule agreed upon with the faculty mentor
B. Complete the specified tasks of the research project
C. Meet regularly with faculty mentor to discuss the progress of the directed research
D. Complete final product(s) as assigned

The student, by signing this contract, agrees to carry out the project described above under
the guidance and requirements of the faculty mentor signing this form. After completing all of
the above information and obtaining both required signatures, please return this form to the
Registrar’s Office. No additional forms are required for registration in this course.

Student signature: ___________________________ Date: __________

Faculty Mentor signature: ___________________________ Date: __________

Department Chair signature: ___________________________ Date: __________