Office of Records & Registration

*For Office of Records and Registration use:*

Term Date entered ORR Initials

982-

Course/Section Professor

303 E. Broad Street

Columbus, OH 43215

Fax: 614-236-6818

**Individual Research Proposal Form**

**STUDENT:** Please complete the information below:

Student Name Student ID Number

Semester and Year for Registration Number of Credit Hours

# RESEARCH TOPIC DESCRIPTION:

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**APPROVAL:** Please get approval from your professor and the Associate Dean.

Note to Professor -To ensure compliance with ABA Standard 303, the Law School requires that students receive faculty supervision and assessment of a draft of their independent study in addition to comments on the final version of their paper.

Professor Printed Name Professor Approval Signature Date

Associate Dean Printed Name Associate Dean Approval Signature Date

**After the student receives approval from the professor and the Associate Dean,
please return the form to the Office of Records & Registration to be registered.**

**For Office/Faculty Use Only:**

**Attention: This final grade is due by:**

*Please provide the information requested below and return the form to the Office of Records and Registration.*

**Final Grade:**   **Satisfied Upper Class Writing Requirement?**  Yes  No

**Full-Time Faculty:**  **Date:**

 Signature