

Request for Research Project CYBER/DS/HCDD/IST/SRA 294

294 is available for first and second-year students who wish to undertake a research project on a topic of special interest to them. The student's work must be supervised by a faculty member. The student is responsible for finding a College of IST faculty member willing to serve as the instructor. Please complete the following information with the instructor and then set up an appointment with your adviser to review this application form.

Student must obtain approval signatures, attach required documentation, and email this form to your assigned IST Adviser or to advising@ist.psu.edu by the end of the Add/Drop period.

Student Name: _____ **PSU ID:** 9 - _____

Major: _____ **Semester Classification:** _____

Faculty Member you will be working with: (print clearly) _____

Your Adviser: (print clearly) _____

Number of credits for which student is enrolling:

Semester for which student is enrolling (circle one): Fall Spring Summer **Year:**

Please circle the appropriate 294 course: CYBER DS HCDD IST SRA

Required Documentation:

1. Attach a paragraph describing this research project.
2. Both the student and faculty member must sign the attached paragraph.

Please ✓ appropriate box, if applicable:

- Course Substitution Request for _____ *(Assoc. Dean's signature required below)
- Honors Option: Student must complete SHC online form by the deadline specified at:
<https://www.shc.psu.edu/academic/resources/dates.cfm>

Signatures of Approval:

Student: _____ **Date:** _____

Faculty/Instructor: _____ **Date:** _____

Adviser: _____ **Date:** _____

Director, Advising Center: _____ **Date:** _____

Associate Dean: _____ **Date:** _____