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: _________________________