

Kent State University
School of Lifespan Development and Educational Sciences
Application for Approval

(Check the appropriate designation):

- ___ **Individual Investigation**
 ___ **Research**
 ___ **Thesis**
 ___ **Master's Project**

This form must be completed **before** you can be registered for an Individual Investigation, Research, Thesis or Master's Thesis course. Please complete the form, obtain the approval and signature of the professor who is working with you, then submit the completed form to the appropriate LDES staff member. The staff will register you directly into the course and then forward an electronic copy which will be sent to you and your professor via email for your records. For late registration, the form must be submitted prior to or at the time of late registration.

Fall ___ Summer I ___ Year _____
Spring ___ Summer II ___
 Summer III ___

- Program Area: CES EPSY GERO HDFS
 ITEC RHAB SPED SPSY

Student Name: _____ Banner ID #: _____

Email Address: _____ Credit Hours: _____

Professor's Name: _____

Student Signature Date Professor Signature Date

PLEASE ATTACH A SHORT DESCRIPTION OF YOUR PROJECT



For Staff Use Only

Course No: _____ Section No: _____ CRN: _____