

Kent State University
College and Graduate School of Education, Health, and Human Services
(EHHS)

Fall/Spring
Individual Investigation/Research Form
Application for Approval

Please complete this form prior to registration, and obtain the approval signature of the professor who is working with you. A copy will be returned to you by the professor upon approval.

Fall Spring Year _____

Student name: _____

Banner ID number: _____ (if Banner ID# unknown, use middle initial and DOB)

Email address: _____

Program area: _____ Department: _____

Course number: _____ Section number: _____ CRN#: _____

Credit hours: _____ Professor: _____

Description of your project (goals or objectives):

Student signature: _____

Faculty signature: _____

Co-Director (if appropriate): _____

Note: The following are acceptable; please attach: Email ___ Fax ___ Letter ___

Date registered: _____

Confirmed by: _____