MICHIGAN STATE UNIVERSITY
CJ 493 Undergraduate Research in Criminal Justice

NAME: _____ DATE: _____
Last First Middle Initial

PID: _____ MAJOR: _____ CUMULATIVE GPA: _____ SEMESTER: _____

Number of Undergraduate Research credits to be earned this semester: _____

Total of prior Undergraduate Research and Independent Study credits (limit 12): _____

INSTRUCTIONS: Student and instructor must complete the form. Student must email signed and completed form directly to their academic advisor for necessary approvals and overrides for enrollment.

1. DESCRIPTION (Research topic, purpose, methods)

2. PREPARATION (Relevant course work, reading, work experience, etc.)

3. LEARNING GOALS

4. FINAL PRODUCT (presentation at UURAF or in a professional setting and/or a substantial final paper produced by or co-authored with the student)

(b) Estimated contact hours per week with instructor: _____

(c) Deadline for submitting work for final evaluation: _____

(d) Evaluation procedure: _____

_____

STUDENT'S SIGNATURE _____ PHONE _____

APPROVALS

_____
Instructor Signature Date

_____
Academic Advisor Date

_____
Chairperson, Department Offering Course Date

Version – 9/30/2020