

RESEARCH ASSISTANT

Registration Form

Semester: Academic Year _____ Fall _____ Spring _____ Summer _____

I agree to supervise a Research Assistant project for

_____ Student ID# _____
(Print student's name)

Address: _____
Street City State Zip Code

Email Address: _____ Date _____

The focus of this project will be: _____

I have advised the above named student that in order for him/her to receive 2 credits for this project, he/she must certify to me that he/she has devoted a minimum of 90 hours to this project. Further, I have advised this student that he/she must meet with me on a regular basis to review and discuss the progress of this project.

Faculty Member Signature (FULL TIME FACULTY MEMBER)

Adjunct Faculty Signature

Please Print Faculty Name

Associate Dean

***If the faculty member supervising this project is a member of the Suffolk University adjunct faculty, prior approval must be obtained by an Associate Dean.**

