# LAW 760- RESEARCH ASSISTANT I APPLICATION

**Law 760 Course Description:** Research assistance for a faculty member.

*The research and other work that a student does to earn credit hours must be uncompensated work.*

**Instructions:**

**STUDENT:** Please fill out all of the required information in the “STUDENT” section below. After completion of the form, please print, sign, and deliver it and any attachments to your supervising faculty member for his or her review.

**FACULTY:** Reviews the information on the form submitted by the student, and then completes the “FACULTY” section below. After completion of the form, please print, sign, and deliver it and any attachments to the REGISTRAR.

<table>
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<tr>
<th>STUDENT</th>
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<tbody>
<tr>
<td>Name:</td>
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<td>Student ID Number:</td>
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<td>Date Of Application:</td>
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<td>Academic Year:</td>
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<td>Credit Hours Requested:</td>
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<td>Research Topic:</td>
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<td>Description:</td>
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Will This Proposed Research Project Include Prior Research or Work Products Completed For Credit in Another Course or For Another Project?

- [ ] YES  [ ] NO

**IF YES:**
- Please attach a copy of all prior research and work products to this application
- Have you (or will you) receive compensation for the prior research or work product?
  - [ ] YES  [ ] NO
- Do you attest that a substantial amount of additional research and work will be done in order to receive credit for the proposed current project?  [ ] YES  [ ] NO
Please Answer the Following Questions:

- Do you attest that you have not and will not receive other law school credit for this proposed research and work product?  □ YES  □ NO
- Do you attest that you have not and will not receive compensation for this proposed research and work product?  □ YES  □ NO

Please sign below attesting that all of the information presented above is correct:

X: ________________________________

Name: ___________________________ Date: ___________________________

This Project Is:

□ APPROVED  □ DENIED

Credit Hours to be Awarded for this Course: ________________________

Additional Notes:

__________________________________________________________________________

Please sign below attesting that all of the information presented above is correct:

X: _____________________________________________

Date Received: _______________________

Date Processed: _______________________

Hours Approved: _______________________

REGISTRAR