# Graduate Research and Candidate Registration Form

| PUID | First Name | Last Name |
|------|------------|-----------|
|      |            |           |

| Research Registration Information | | | | | |
|---|---|---|---|---|---|
| **Fall** **Spring** **Summer** | **Year** | **CRN -** (Found in Course Catalog) | **Subject** | **Research Level** MS 69800 PhD 69900 | **Credit Hours** |
|  |  |  |  |  |  |

| Research Expectations | |
|---|---|
| Enrollment in research credits entails an expectation of reasonable progress in scholarly research. Expectations include adherence to all safety and ethical research practices as well as meeting the documented expectations of the Faculty Advisor supervising the research credits. Fully discuss the specific expectations and provide a description of those expectations below. For a "Satisfactory" grade in these research hours, the following must be met: | |
| **Research expectations include:** | ✓ **all that apply** |
| Conduct research on prior work related to the primary subject of the research project. |  |
| Conduct field and/or laboratory research at a level consistent with a professional research position. |  |
| Contribute to the written and oral dissemination of research findings. |  |
| Specific details and expectations: | |

| Candidate for Graduation | | |
|---|---|---|
| Please only select the appropriate CAND Course if you expect to graduate at the end of the term. | | |
| **CAND Course** | **CAND Course Descriptions** | ✓ **only one** |
| CAND 99100 - Regular Candidate | Registered for research, will defend and deposit. |  |
| CAND 99200 - Degree Only | Final exam and/or deposit only, no research. Early deadline. *Must use Scheduling Assistant or a Form 23.* |  |

By signing this form, the student and instructor acknowledge agreement with the expectations set forth by the instructor. If the student's progress is acceptable within the expectations listed above, the student will receive a "Satisfactory" grade for the research hours.

_____        _____

Student Name   (Printed)                              Advisor Instructor Name (Printed)

_____        _____

Student Signature                        Date         Advisor/Instructor Signature                 Date