**WESTERN MICHIGAN UNIVERSITY**

**APPLICATION for permission to elect**

CRN: *(****for office use only****)*

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| --- | --- | --- |
| **7350** | Doctoral Research | 3 credit hours |

***This course is only allowed one time during your doctoral program***

Please indicate below your plan for enrolling in this course:

Enrollment: Semester/Session: Year: Hours: 3

Name: WIN:

Address:

Email address: Phone:

Department: Degree:

Description of Study (including methodology, if research or description of field experience [including name of site and supervisor]

*I understand that research involving human or animal subjects, recombinant DNA, chemical hazards, or radioactive material must have prior approval of the research proposal by the appropriate University review body, thus assuring compliance with the*

*regulations for the protection of such subjects or for the use of such materials. (See the reverse side of this form for the specific*

*requirements.) In addition, I understand that The Graduate College will not approve any special project, which does not comply with these requirements, and in that event no credit will be granted for the course.*

Student signature Date Signature of Faculty Member under Date whom study is to be completed

**Distribution: Department Chairperson, Faculty Advisor, Student, Records Office, \*Grad College**

***Acceptance of report***

Signature of Faculty Member Date

Signature of Faculty Member Date

Signature of Department Chairperson Date

Distribution: Chair, Faculty Advisor, Student, Records Office, \*Graduate College