

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 Undergraduate Secretary Peggy Donahue at donahu38@msu.edu 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