

**JOHNS HOPKINS UNIVERSITY
Office of the University Registrar**

UNDERGRADUATE RESEARCH, INDEPENDENT STUDY, INTERNSHIP AND DEPARTMENTAL THESIS FORM

Print Name _____
Last First MI

Major _____

Hopkins ID _____ JHED ID: _____

Faculty Sponsor: _____ Phone: _____ E-mail: _____

CHECK ONE:	
<input type="checkbox"/> Freshman	<input type="checkbox"/> Junior
<input type="checkbox"/> Sophomore	<input type="checkbox"/> Senior
<input type="checkbox"/> Post-Bac	<input type="checkbox"/> Visiting

The faculty sponsor must be a full-time faculty member on the Homewood Campus. The signature below signifies that the faculty sponsor has reviewed a written proposal, summarized below.

Please check this box if your Faculty Sponsor will not be directly supervising your Independent Academic Work.
Please provide the name, email and reason for selecting the person who will be directly supervising your Independent Academic Work:
Name: _____
Email: _____
Reason: _____

AS/EN DEPT ### COURSE ### SECTION ## DESCRIPTIVE COURSE TITLE

Registration For: Fall Spring Intersession Summer Year 20_____

THIS SECTION IS TO BE COMPLETED BY FACULTY SPONSOR.

Please check all required assignments:

- Informational Interviews
- Class Presentation
- Summary Paper (# pages _____)
- Journal (daily)
- Journal (weekly)
- Faculty Selected Readings
- Student Selected Readings
- Other, please describe: _____

Check one:

RESEARCH Graded _____ S/U _____ Credits _____

INDEPENDENT STUDY Graded _____ S/U _____ Credits _____

- A maximum of 3 credits may be earned in any one semester, summer, or intersession.
- A maximum of 6 credits may be earned per academic year (Summer to Spring).
- Each credit hour should reflect 40 hours of work on the project.
- Projects for academic credit must be unpaid.
- These credits do not satisfy distribution requirements; check with your department for other credit usage.

INTERNSHIP (S/U Only and 1.0 credit only)

THESIS

The student should write a brief description of the project in this space. [Note: This portion should summarize a longer proposal approved by the Faculty Sponsor.]

FACULTY SPONSOR SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

ACADEMIC ADVISING SIGNATURE: _____ DATE: _____

REGISTRATION AFTER POSTED DEADLINES REQUIRES ACADEMIC ADVISING APPROVAL.