

Research Registration Form Instructions

Constantin College

1. Check appropriate semester box – Spring, Summer, or Fall
 2. Complete section 1
 3. Complete section 2
 - a. Have corresponding department head sign and date.
 4. Complete section 4
 - a. Have the research instructor sign, date, and fill out contact information
 5. Complete section 5
 - a. Sign and date
 6. Submit completed form to the Registrar's Office. If you cannot bring the form to the office, you can mail, fax, or email. Please make sure entire form is complete before submitting.
-

Office of the Registrar
Cardinal Farrell Hall, Ste. 180
1845 E. Northgate Dr.
Irving, TX 75062
P: 972-721-5221
F: 972-721-5132
Email: registrar@udallas.edu



University of Dallas Research Experience (SRE) for Credit Registration Form

STUDENT INSTRUCTIONS: Complete sections 1 and 4. Obtain the approval of your UD Instructor/Mentor of record in section 3. Take the form to your Departmental Chair for approval. Questions? Contact your Department Chair.

Semester: ____ Spring ____ Summer ____ Fall **Submission Deadline:** Day before classes begin for corresponding semester

SECTION 1: Student Information (to be completed by Student)

Name: _____ ID: _____

Email: _____ Phone: _____

Research University/Institution: _____ Dept.: _____

If external SRE, Institution Street Address: _____

City/State/Zip: _____

Anticipated Student Research Schedule: Start date: _____ End date: _____

Approximate hours/wk: _____

---- Office Use Only – to be completed by Registrar -----

Course Title: _____ Credit Hours: ____ Semester/Year: FA SP SU Year: _____

CRN: _____ Date Registered: _____ Registrar's Initials: _____

SECTION 2: Major Specific Credit (to be completed by Departmental Chair or Proxy)

- BIO 4V43 CHE 4V43 MAT 4V43 PHY 4V43 Other: _____
- BIO 4V44 CHE 4V44 MAT 4V44 PHY 4V44 Research Sub-Area: _____
- MCS 4V43 PHY 4V46 Number of Credit Hours _____
- PHY 4V45

Department Chairperson Signature: _____ **Date:** _____

SECTION 3: Approval by the UD Instructor of Record

I agree to serve as the UD Instructor of Record for (name of student) _____ for the dates listed in **Section 1.**

Instructor Printed Name: _____

Instructor Signature: _____ Date: _____

Email: _____ Phone: _____

SECTION 4: Student Signature

I, the student, understand the requirements of this course and understand that, in order to earn a grade for research credit I must meet the research for credit requirements of my academic department. This includes meeting all deadlines, delivering quality work, working for the required number of hours, and exhibiting professional behavior.

Student Signature: _____ **Date:** _____