Kent State University
School of Lifespan Development and Educational Sciences
Application for Approval

(Check the appropriate designation):
____ Individual Investigation
____ Research
____ Thesis
____ Master’s Project

This form must be completed **before** you can be registered for an Individual Investigation, Research, Thesis or Master's Thesis course. Please complete the form, obtain the approval and signature of the professor who is working with you, then submit the completed form to the appropriate LDES staff member. The staff will register you directly into the course and then forward an electronic copy which will be sent to you and your professor via email for your records. For late registration, the form must be submitted prior to or at the time of late registration.

Fall ______ Summer I ______ Year ______
Spring ______ Summer II ______
Summer III ______

Program Area: □ CES □ EPSY □ GERQ □ HDFS
□ ITEC □ RHAB □ SPED □ SPSY

Student Name: ___________________________________________ Banner ID #: __________________________

Email Address: ___________________________________________ Credit Hours: __________________________

Professor’s Name: __________________________________________

_____________________________________________________
Student Signature Date ____________________________

_____________________________________________________
Professor Signature Date ____________________________

PLEASE ATTACH A SHORT DESCRIPTION OF YOUR PROJECT

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For Staff Use Only

Course No: _______________ Section No: __________ CRN: __________