

Please mail this form with your research prospectus to: Graduate School Office, 5 Reynolda Hall, Reynolda Campus

STUDENT NAME _____

DEPARTMENT _____

Please indicate which summer session the student will be enrolled and conducting research.

For Graduate School Use Only

() Summer Session I - \$500.00 _____

() Summer Session II - \$500.00 _____

Date

Approval Signature of Graduate Program Director

For Graduate School Office Use Only

Date

Approval Signature of Associate Dean