Graduate Program, Department of Communicative Sciences & Disorders

College of Liberal Arts and Sciences, University of Iowa

Request for Mentored Research Study (CSD:7590)

Student (Name, HawkID): _____ Semester/Year: _____

Proposed Mentored Research Credits: _____ Previously Enrolled Mentored Research Credits: _____

Supervisor (Name, email address): _____

Note that every semester hour of credit should equate to 3-4 hours/week of effort

Research Plan (subject matter, purpose, methods) _____

_____

_____

_____

Work to be completed (type and amount of reading, writing, data collection, analysis, etc.) _____

_____

_____

_____

_____

_____

Estimated contact hours per week with instructor _____

Deadline for submitting final product/evaluation/report _____

Evaluation procedure _____

_____

_____

_____

Student (name, date, signature)

_____

Supervisor (name, date, signature)

_____

Email completed forms to the Graduate Program Coordinator