

CAPITAL UNIVERSITY LAW SCHOOL
INDIVIDUAL RESEARCH PROPOSAL

STUDENT: Please complete the information below:

_____	_____
Student Name	Student ID #
_____	_____
Semester/Year for Registration	# of Credit Hours
RESEARCH TOPIC DESCRIPTION:	

APPROVAL: Please get approval from your professor and the Associate Dean

_____	_____	_____
Professor Printed Name	Professor Approval Signature	Date
_____	_____	_____
Associate Dean Printed Name	Associate Dean Approval Signature	Date

After the student receives approval from the professor and the Associate Dean please return the form to the Office of Records & Registration to be registered

For Office/Faculty Use Only:

Attention: This final grade is due by: _____ (Date)

Please provide the information requested below and return the form to the Office of Records & Registration

Final Grade: _____ **Satisfied Upper Class Writing Requirement?** Yes No

Full-Time Faculty Signature: _____ **Date:** _____