

BDA Special Study/Research Registration Form

Student NAME: _____ RED ID: _____

Email: _____ Phone (cell or work): _____

Course Number: BDA797 (Research) or 798 (Special Study): _____

Number of Units (1 – 3): _____

Schedule # _____

Semester (Fall or Spring): _____ Year: _____

Title of the Project: _____

Faculty Advisor Name: _____ Department: _____

Brief Outline or Assignment to be Completed:

Approval: _____
Supervising Faculty Signature Date Student Signature

Grade: *RP (Incomplete) [], Credit [], No Credit [].

**Students and Faculty member must complete an Incomplete Agreement Form before assigning the PR (Incomplete) grade.*