Augustana Student Research Experience

Term/Year_____________________

Name ____________________________________________
Student ID Number ____________________________
Declared Major(s) ____________________________
Academic Advisor(s) ____________________________

What is research at Augustana?
Research at Augustana could be defined a variety of ways depending on the opportunities you have within a major or field of work or study. Thus, research is defined broadly, emphasizing the many talents and pedagogies of Augustana faculty and students. Examples might include:

· conducting laboratory research with peers;
· creating a portfolio of artwork;
· composing a work of music;
· developing a market analysis as part of an internship in the Quad Cities;
· conducting classroom research as part of the student teaching experience.

Students should work with their academic advisor or research supervisor to determine if their experience should be tracked as research. (Adapted from Augustana Senior Inquiry Vision, Outcomes and Guidelines: 9-26-05)

Request for research I request the research information listed below be added to my record:

<table>
<thead>
<tr>
<th>Course</th>
<th>Department</th>
<th>Supervising Faculty/Staff</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSRCH</td>
<td>---</td>
<td>__________________________</td>
<td>0</td>
</tr>
</tbody>
</table>

If taking this also as another course, course number, title credits

__________________________________________________________

All research experiences will be noted on the transcript as a zero credit experience. Even if you are using this experience with another course, you should submit this form. The Augustana Research Supervisor (instructor of record) will need to submit a final grade when the research concludes.

INFORMATION ON THE RESEARCH EXPERIENCE

Augustana Research Supervisor (instructor of record) ________________________________

Site for the research _____________________________________________________________

On-site Research Supervisor ________________________ Phone: _________________________

Does this research involve human subjects? YES NO

Has this been approved by the IRB committee? (for human subjects only) YES NO

Description of Research (21 char or less): _________________________________________

What is the start date for your research? ___________________________ End date? __________

________________________________________________________

Student Signature: ____________________________ Date: ____________________________

Academic Advisor Signature: ____________________________ Date: ______________________

Augustana Research Supervisor Signature: ____________________________ Date: __________

Please return this form to the Office of the Registrar prior to the Friday before the start of the term in which research will begin

REGISTRAR USE ONLY Submitted: ____________________________ Entered: ____________________________