Summer 2020 Directed Study Faculty Approval Form

Faculty Supervisors: This form is to verify that the student named below will be completing unpaid research or independent study with you for Summer 2020. This also acknowledges that the research/independent study will be educational in nature and will be supervised throughout its duration. The research will complement the student's studies at Carnegie Mellon in a related major or minor. This also acknowledges that such 1:1 directed studies are not compensated.

As a reminder for every unit awarded, the student is expected to complete 15 hours of study/research/assessment.

This form must be completed before the student begins his/her research/independent study. In order to be registered for Summer 2020, please return this completed form to Korryn Mozisek via email (kmozisek@andrew.cmu.edu) before June 1, 2020. If you have any questions, please call Korryn at 1-412-268-3441. Thank you.

Name of Carnegie Mellon Student: ________________________________________________

Student's Email address: ________________________________________________________

Faculty Supervisor's Name, Title, and Organization: __________________________________

Faculty Supervisor's Phone: ( _____ ) Email: ______________________________________

Department: __________________________________________________________________

Work Address: __________________________________________________________________

Briefly describe the student's duties in relation to the research project/independent study: ________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Briefly describe the assessment for this research project/independent study: __________________________

___________________________________________________________________________

Length of Directed Study: Start Date ____________________ End Date ____________________

   Hours per week __________________________

   Number of Units Awarded: __________________

Will the student be working with any confidential or proprietary data? Yes _____ No _____

Supervisor's Signature __________________________________________ Date ______________

Student's Signature __________________________________________ Date ______________

Oversight provided by the Office of the Vice Provost for Education.

Korryn D. Mozisek
Director of Integrative Learning
Carnegie Mellon University