Summer 2021 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 2021. 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 2021, please return this completed form to Korryn Mozisek via email (kmozisek@andrew.cmu.edu) before June 1, 2021. If you have any questions, please reach out to the email above. 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 __________