

# Carnegie Mellon University

## Office of the Vice Provost for Education

### Summer 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 the **Summer**. 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 2024, please return this completed form to Korryn Mozisek via email ([kmozisek@andrew.cmu.edu](mailto:kmozisek@andrew.cmu.edu)) *before* the start of Summer One classes. 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 \_\_\_\_\_

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

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