STEC 4500 Research Agreement
Fall 2012

Student Researcher Name:

Student ID #: 9000______

Student email:

Faculty Research Advisor Name:

Research Project Description:

Research Project Objectives:

Additional Information Requirements:
1. Is the research project listed on the My.GGC SST Research page?  Yes      No (If not, must list prior to conducting STEC 4500 research)

2. Have the research student’s Area F requirements been met?  Yes      No (If not, cannot enroll in STEC 4500)

3. Is student researcher graduating at the end of the current semester?  Yes      No

Signatures:

_______________________________________                __________________________________________
Student Researcher    Faculty Research Advisor

Date: