

STEC 2500 Faculty – Student Research Agreement
Semester: _____
(One form should be completed per student researcher)

Student Researcher Name: _____

Student ID #: 900_____

Student email: _____

Primary Faculty Research Advisor: _____

Additional Faculty Research Advisor Names *Please list all participating mentors for the project – this is for office use.*

1. _____
2. _____
3. _____
4. _____

Research Project Title: _____

Research Project Description:

Research Project Objectives:

Additional Information - Please mark your response to acknowledge understanding of the requirements.

1. Indicate the number of credit hours for which the student is already registered, not including STEC2500: _____
(The student cannot be registered for more than 16 hours in order for this request to be processed.)
2. The student and the faculty advisor understand that if an incomplete is awarded, the incomplete will automatically be converted to an F if a grade change form is not processed by the end of the next semester, including summer semester. Yes No
3. The STEC2500 project may be, but is not required to continue, for a second semester of credit if both the student and the faculty advisor are in agreement to add to the project. The continuation of the effort is not equivalent to an incomplete, but is intended to expand the investigation from the previous results. Yes No

Signatures: The student and the primary faculty research advisor must BOTH sign this form, then submit electronically to STECcoordinator @ggc.edu for processing and registration.

Student Researcher

Date:_____

Faculty Research Advisor

Date:_____

FOR SST FACULTY/OFFICE USE ONLY

STEC 4500 Coordinator

Date

SST Advisor

Date