



INDIANA UNIVERSITY

DEPARTMENT OF PSYCHOLOGICAL
AND BRAIN SCIENCES

College of Arts and Sciences
Bloomington

Research Project Acceptance Form

Instructions:

1. The student completes the student information and present this form, and the final printed project, to his/her advisor.
2. Selecting the appropriate project's box , the advisor must sign and date the form, indicating his/her acceptance and approval of the project.
3. The student attaches the signed acceptance form to the front of the approved, printed project and gives it to Patricia Crouch.
4. Patricia Crouch will file the project and document its completion in the student's records.
5. Clinical students must also complete and submit the Clinical area-specific form.

Student Information:

Name: _____ University ID #: _____

Area: _____ Advisor's Name (printed): _____

Title of this project: _____

To Be Completed by Faculty Advisor

As the advisor, your signature indicates that you are accepting the attached paper as a complete first or second research project for this student. You are verifying that this is not just a project proposal but rather a project that has been completed to your satisfaction.

You understand that by signing this form, the student will have officially met this major program milestone.

First Year Research Project

I accept the attached as this student's First Year Research Project and agree to the statements above.

Signature: _____

Date: _____

Second Year Research Project

I accept the attached as this student's Second Year Research Project and agree to the statements above.

Signature: _____

Date: _____