Request for Research Project
CYBER/DS/HCDD/IST/SRA 494

494 is available for juniors and seniors who wish to undertake a research project on a topic of special interest to them. The student's work must be supervised by a faculty member. The student is responsible for finding a College of IST faculty member willing to serve as the instructor. Please complete the following information with the instructor and then set up an appointment with your adviser to review this application form.

Student must obtain approval signatures, attach required documentation, and email this form to your assigned IST Adviser or to advising@ist.psu.edu by the end of the Add/Drop period.

Student Name: _____ **PSU ID:** _9 -_ _____

Major: _____ **Semester Classification:** _____

Faculty Member you will be working with: (print clearly)_____

Your Adviser: (print clearly) _____

Number of credits for which student is enrolling:

Semester for which student is enrolling (circle one):   Fall   Spring   Summer   **Year:**

Please circle the appropriate 494 course: CYBER   DS   HCDD   IST   SRA

Required Documentation:

1. Attach a paragraph describing this research project.
2. Both the student and faculty member must sign the attached paragraph.

Please ✓ appropriate box, if applicable:
☐ Course Substitution Request for_____***(Assoc. Dean's signature required below)**
☐ Honors Option: Student must complete SHC online form by the deadline specified at:
    https://www.shc.psu.edu/academic/resources/dates.cfm

Signatures of Approval:

Student: _____ **Date**: _____

Faculty/Instructor: _____ **Date:** _____

Adviser: _____ **Date:** _____

Director, Advising Center: _____ **Date:** _____

Associate Dean: _____ **Date:** _____