

## FACULTY STUDENT RESEARCH PROGRAM LEARNING CONTRACT

REGISTRATION-T

**Print clearly and use into complete this form in full.**

**One form is required per term. Forms must be processed and submitted to the Office of the Registrar and Academic Services by the third week of each term.**

Royal ID	Name		
Cell phone #	Email Address <span style="float: right;">@scranton.edu</span>		
College  <input type="checkbox"/> CAS <input type="checkbox"/> KSOM <input type="checkbox"/> PCPS	Year  <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR	Major	
Contract Term  <input type="checkbox"/> Fall <input type="checkbox"/> Intersession <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Academic Year	

**I seek to participate in the FSRP program as detailed on the following page. I understand that a minimum of 20 research hours are required per term. I agree to notify the faculty member in a timely manner if I wish to discontinue participation in the program.**

Student Name (print)	
Student Signature	Date

Approval Signature	Date
Faculty Name (print)	<input type="checkbox"/> Approved  <input type="checkbox"/> Not Approved
Faculty Signature	Faculty Royal ID

**The faculty member and student should each keep a copy of their forms for their records before submission to the Office of the Registrar and Academic Services.**

**Return completed form to the Office of the Registrar and Academic Services, registrar@scranton.edu, O'Hara Hall, 2<sup>nd</sup> Floor.**

<i>ORAS Office Use:</i> <input type="checkbox"/> Registered, date:
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Please complete all sections below.

Briefly describe the research project:

Describe actual tasks to be undertaken in connection with this research project:

Please detail the days/hours you plan to work. A minimum of 20 hours is required per term in order to earn transcript notation.