AU/CAS/SSBS/CIDP
CIDS 698 - 101 Research Project

Course Contract

New one must be signed for each semester enrolled. Submit by **September 15** (Fall Semester)/ **January 30** (Spring Semester)/ **May 30** (Summer Semester).

_____ _____
Student Name Student ID #

_____ _____
Student Signature Date

Committee Members (check box for chair of committee)**:**

☐ _____
Name & Title

_____ _____
Professor Signature Date

☐ _____
Name & Title

_____ _____
Professor Signature Date

Topic: ☐ Research ☐ Grant (Check box that applies and write topic on the line below.)

_____

Semester Objectives:
List what activities you want to accomplish this semester (pull from Monthly Report).
(Must choose 2/3 minimum of the activities listed in the Monthly Report, but you can choose to complete all in one semester.)