

Research Application/Special Topics Approval Form

UNIVERSITY OF MISSOURI-COLUMBIA SCHOOL OF SOCIAL WORK

Student's Name: _____ Date of Request: _____

Student's Phone #: _____ Student's E-mail: _____

Approval requested for: Research Application () Special Topics Course ()
No. of Credits () Semester/Year (/) Course#: SW _____ Section #: _____

TO BE COMPLETED BY PROPOSED INSTRUCTOR:

1. Has the School's policies regarding the Research Application/Special Topics courses been discussed with the students?
Yes () No ()

2. Does the subject to be explored in this Research Application/Special Topics course involve human subjects?
Yes () No ()
 - a. If yes, is IRB approval required? Yes () No ()
 - b. If IRB approval is required, please attach a copy of the forms sent to IRB.
(Registration will not be approved without formal IRB approval)

3. Attach a statement describing how a student's performance is to be evaluated.

Instructor's Signature: _____ **Date:** _____

Academic Advisor's Recommendation (check): Approved () Disapproved ()

Comments: _____

Advisor's Signature: _____ **Date:** _____

Program Director's Recommendation (check): Approved () Disapproved ()

Comments: _____

Program Director's Signature: _____ **Date:** _____

This form must be submitted to the Program Director prior to the beginning of the semester during which the Research Application or Special Topics course is being taken or by the advisor as soon as practicable.

Copies: Student; Instructor; Academic Advisor; Program Director; Student's File