LAW 6905
RESEARCH ASSOCIATE (One or Two Credits)
Registration Form

Service as a Research Associate is intended to serve as a substantive learning experience in which students are provided the opportunity of in-depth research and study into a particular area of law under the supervision of a faculty expert. This form must be completed if you intend to serve as a research assistant for a member of the FAMU College of Law faculty. The faculty member for whom you serve as a research assistant must also sign the form. You and your faculty supervisor must specify the number of credits (“Expected Credit”) you expect to receive at the time of registration. If you register for the one credit Research Associate option, you must complete an average of ten hours per week of research as assigned by your faculty supervisor. The two credit option requires at an average of fifteen hours per week of research. Academic credit is assigned on a pass/fail basis. Students may not receive any other form of compensation. At the end of the semester, your faculty supervisor must certify that you satisfactorily completed the research projects assigned to you.

Our signatures indicate that we agree that Student shall serve as a Research Associate for Professor during the semester indicated below. We understand that Professor shall make regular assignments of substantive research projects throughout the semester and that Student shall keep and submit accurate record of all time devoted to the research project. Professor shall maintain records of assignments and work product for a period of at least three academic years. Student and Professor shall meet on a regular basis to discuss the research project. At the end of the term, Professor shall assign a grade of “Pass” or “Fail”, indicating whether Student has satisfactorily completed research assignments.

Semester: __________________________ Year: __________________________

Student: ___________________________ Student Number: ________________

Student Signature: ___________________________ Date: __________________________

FAMU Email address: ___________________________ Phone Number: ________________

Professor (Faculty Supervisor): ___________________________ Expected Credit: ________

Professor’s Signature: ___________________________ Date: __________________________

Academic Dean’s Signature: ___________________________ Date: __________________________

After you have obtained all signatures, submit this form to the Registrar’s Office. You will be registered for the number of expected credits (one or two) specified above.

Updated: 08/16/13DJ