DEPARTMENT OF MANAGEMENT INFORMATION SYSTEMS
Graduate Student Research Agreement for Course: ISQA 8900

This form must be completed and signed before the end of the first week of class. Failure to do so may result in Administrative Withdrawal from the course waives any refund of tuition.

Student Information:

Name: _______________________________ NU ID: _______________________________

Year: ________________ Semester: ________________ Credit Hours: ________________

Name of MIS class if substituting: ____________________________________________________

Independent Research Project Title:

Description of Research Project (include output of the project with page and/or other requirements):

Method for evaluation of the project:

Specify text or required readings:

Timetable for completion of the project

End date for project completion (i.e. usually the Friday before Finals Week): ________________

Frequency of student meetings with academic supervisor: ________________________________

List Intermediate deadlines (i.e. date literature search or paper outline is due):

Signatures:

As participants, we agree to the responsibilities of this research contract.

Student: _______________________________ Date: _______________________________

Faculty Supervisor: _______________________________ Date: _______________________________

ISQA GPC Chair: _______________________________ Date: _______________________________