

FRSC 692: Forensic Science Independent Study Intent & Request Form

*This form must be completed and delivered to the Forensic Science Graduate Director by the first day of classes in the semester of enrollment. **Note:** This form indicates your intention to take FRSC 692. This form does not register you for the course. Students are free to enroll during the open enrollment period for the semester desired.*

PART A: Independent Study Information

Student name _____ V # _____

Semester(s) & Year(s) of FRSC 692 Enrollment: _____

Number of credits to be completed: _____

Proposed topic for research project: _____

Host Laboratory & Location: _____

City _____ State _____

Research Mentor:

Name _____

Title _____ Laboratory Affiliation _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____ Fax _____

PART B: Authorizing Signatures

Intern _____ Date _____

Mentor _____ Date _____

VCU Forensic Science,
Graduate Director _____ Date _____