

APPENDIX 2  
**FRSC 793: Directed Research in Forensic Science**  
**Request Form**

*This form must be completed and delivered to the Forensic Science Graduate Director one week prior to the last day of classes in the semester preceding desired enrollment. Research committees must have at least three members and include the mentor, a VCU Forensic Science Faculty member (faculty advisor), and an additional Forensic Science professional. Including a fourth committee member (faculty or practitioner) is optional. Committee members must be approved by the research mentor & faculty advisor. Directed research to be completed at VA-DFS must be approved by the DFS Director of Technical Services.*

**PART A: Student Information**

Student name \_\_\_\_\_ V # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Proposed topic for research project: \_\_\_\_\_

Semester(s) of Enrollment (Summer, Spring, Fall)	Year(s) of Enrollment	# of Credits (1, 2, or 3)

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**PART B: Research Committee**

**Research Mentor**

Name \_\_\_\_\_

Title \_\_\_\_\_ Laboratory Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Forensic Science Faculty Member (Faculty Advisor, if off-campus)**

Name \_\_\_\_\_

Title \_\_\_\_\_ Department Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Committee Member**

Name \_\_\_\_\_

Title \_\_\_\_\_ Laboratory Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Committee Member (Optional)**

Name \_\_\_\_\_

Title and Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_



**PART C: Authorizing Signatures**

**Student** \_\_\_\_\_ Date \_\_\_\_\_

**Mentor** \_\_\_\_\_ Date \_\_\_\_\_

**Committee Member** \_\_\_\_\_ Date \_\_\_\_\_

**Committee Member** \_\_\_\_\_ Date \_\_\_\_\_

**Committee Member (Opt)** \_\_\_\_\_ Date \_\_\_\_\_

**VA-DFS Dir. Tech. Serv. (if applicable)** \_\_\_\_\_ Date \_\_\_\_\_

**VCU Forensic Science,  
Graduate Director** \_\_\_\_\_ Date \_\_\_\_\_