

UNIVERSITY OF MISSOURI-ROLLA

Graduate School

APPLICATION TO DO NON-RESIDENT RESEARCH

Name:	Student Number:	Email:
Address:		Telephone:
Have you ever filed an application for an advanced degree?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Courses taken that qualify you to do the proposed non-resident research. (Emphasize fundamental courses that indicate a thorough foundation in the subject and any technique courses, which may be relevant.)	
1.	4.
2.	5.
3.	6.
The title of the thesis/dissertation:	

The work planned as a non-resident will be included in the thesis/dissertation:
<input type="checkbox"/> Yes <input type="checkbox"/> No

Reasons for inability to carry out this research on the campus at Rolla:

Laboratories, libraries or other facilities available for this research:

Student Name:

Student Number:

Semester in which this research will be taken:

No. of Course:

Name of Course:

Hours Credit

Amount of time to be put into this research per week:

Number of consultants with the major advisor per semester:

Other activities which will be carried on concurrently with this research, such as courses taken at the University, or at some other institution, and employment:

Statement from advisor relative to the desirability of this non-resident research:

DATE

SIGNATURE OF STUDENT

DATE

SIGNATURE OF MAJOR ADVISOR

DATE

SIGNATURE OF DEPARTMENT CHAIR

DATE

SIGNATURE OF VICE PROVOST FOR GRADUATE STUDIES