

INDIANA UNIVERSITY SCHOOL OF SOCIAL WORK
Research Internship (S725)/
Special Topics (S790)
Approval Form

Student's Name: _____ Date of Request: _____

Student's Phone #: _____ Student's E-mail: _____

Approval requested for: Research internship () Special Topics Course: ()
No of Crs: () Semester/Year: () Course #: () Section #()

TO BE COMPLETED BY PROPOSED INSTRUCTOR:

1. Has the School's policies regarding the Research Internship/Special Topics courses been discussed with the student?
YES () NO ()

2. Does the subject to be explored in this Research Internship/Special Topics course involve human subjects? YES () NO ()
 - a. If yes, is IRB approval required? Yes () No ()
 - b. If IRB approval is required, please attach a copy of the forms sent to IRB. (Registration will not be approved without formal IRB approval)

3. Attach a statement describing how the student's performance is to be evaluated. (Please find attached)

Instructor's Signature: _____ **Date:** / / _____

Academic Advisor's Recommendation (check): Approved () Disapproved ()

Comments: _____

Advisor's Signature: _____ **Date:** / / _____

Program Director's Recommendation (check): Approved () Disapproved ()

Comments: _____

Program Director's Signature: _____ **Date:** / / _____

This form must be submitted to the Program Director at least six (6) weeks prior to the beginning of the semester during which the Research internship or Special Topics course is being taken.

Copies: Student, Instructor, Academic Advisor, Program Director, Student's File