SOC 599A/699A Research: General Sociology

Soc 599B/699B Research: Rural Sociology

Description: Master's Research: General Sociology (599A) or Master's Research: Rural Sociology (599B) options and Dissertation Research: General Sociology (699A) or Dissertation Research: Rural Sociology (699B) are required courses to complete the Master's program in Sociology or the PhD program in Sociology. Students who enroll in Sociology 599AB/699AB should have an appropriate rationale the research, an idea for a project or topic, and a Program of Study Committee. Students taking 599AB/699AB should have met with a faculty member who agrees to supervise the research, and should have agreed to the learning terms of the course (topic, readings, assignments, meetings, etc.) before completing this form.

Add slips will not be given out prior to completion of the 599AB/699AB request form.

GENERAL INFORMATION:

Date:_____________________________ Registration for: _________Semester _________Year

Student’s Name:__________________________________________ Univ ID#: ________________

Student’s Major:____________________________ Student’s classification: ________________

E-mail address:__________________________________________ Phone: _______________________

This request is for SOC 599A ____ SOC 699A____ (Graduate standing required for SOC 599A)

This request is for SOC 599B ____ SOC 699B____ (Graduate standing required for SOC 599B)

1. What project do you wish to undertake? (please attach a tentative syllabus)

2. Which faculty member will be supervising this project?

3. How many credits are you requesting for this research?

5. Which courses have you already taken in this area?

6. Which courses do you plan taking in the future?

LEARNING GOALS AND STRATEGIES:

1. What are your learning goals for this research?

2. How will you demonstrate that you have achieved your learning goals? For example,
documentation of learning could be a presentation, master's thesis or dissertation, or other outcome negotiated between you and your supervising instructor.

AGREEMENT SIGNATURES (Print names, sign, and date)

Student:______________________________________________________ Date:____________
Faculty Supervisor:__________________________________________Date:____________
Academic Advisor:____________________________________________Date:____________
Department Chair: ___________________________________________Date:____________