

Last Name Telephone # (area code) xxx - xxxx		First Name Expected Graduation Date (month/year)		Cornell ID Current Term (spring, summer, fall)	
Course Number*:	HADM 4970 (First Semester)	HADM 4971 (Second Semester)	Grade Option: Credits: 6 (3 in e	Letter Only each fall and spring semester)	
	tand the below re	egulations and responsibilitie ts may be awarded towards			
Student Signature:					
			NetID	Today's Date	
Title of Project:					
	ction of a doctor	in the last two consecutive ral-degree-holding full-time are mandatory.			
Note that students are co credit hour. The usual ad		cific number of hours of inde	ependent acad	emic work per week pe	
Ι,	a	gree to supervise this studen	t for this Disting	ction in Research cours	
Faculty Sponsor's Name (p	printed)				
Faculty Sponsor's Sigr	nature:				
				Date	
Research Faculty Advisor Nar	ne (printed)	Research Faculty Adviso	r Signature	Date	
Official Use Only - Verific	cation of Academ	ic Qualifications			
Proc	cessed by:			Date:	

Updated 6/2020

**Contact us:** (607) 255-9393 Advising: <u>ha-advising@cornell.edu</u> Registrar: <u>ha-registrar@cornell.edu</u>