

| 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>