# Honors Program Directed Research Approval Form (N495)

**Name:** _____________________________  
**UMID:** _____________________________  
**Phone:** ____________________________  
**Class Level:** _______________________  
**Email:** _____________________________  
**Section:** ___________________________  
**Credit Hours:** __________ (up to 4 credits)**  

| Course: N495 | Term: ________ | Section: ________________  
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<td>(Research preceptor’s faculty section number – it’s ok if you don’t know this.)</td>
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## Approval process for Honors Research

1. Student will contact a Nursing faculty research preceptor and negotiate a research project under the faculty member’s supervision.

   Student’s Signature _____________________________  
   Date _____________________________

2. Faculty research preceptor agrees to supervise the project and confirms that the proposal meets all requirements listed for the Undergraduate Nursing Honors Project.

   Preceptor’s Signature _____________________________  
   Printed Name _____________________________  
   Date _____________________________

3. After all signatures have been obtained, attach a copy of the proposal to this form and return it to the Undergraduate Studies office (SNB 3150). The Academic Advisors will process your course override and you will be notified to enroll in the course through Wolverine Access.

   Advisor Signature _____________________________  
   Date of Processed Override _____________________________