



BIRTHINGWAY COLLEGE OF MIDWIFERY
 12113 SE Foster Rd
 Portland, Oregon 97266
 503.760.3131

REGISTRATION FOR RESEARCH PROJECT (RSP411q)
1 credit hour. Prerequisite: Research Methods (RSM411q)

- To register for Research Project, this agreement must be signed and turned in by the first day of the term. If you are not receiving financial aid for the term, payment is also required when you turn in this form.
- Your Research Project Advisor must be a faculty member who has a Master's degree or higher educational credential. If the Advisor you've chosen is not already a Birthingway faculty member, please see the Faculty Coordinator.

_____ agrees to be the Research Project Advisor for
 Research Project Advisor Name (please print)

 Student Name (please print)

This registration is for _____ term. (This agreement must be turned in by the first day of this term to complete registration.)

The Research Project Advisor agrees to guide the student on the definition of a topic, literature review, design and implementation of a research project, creation of a bibliography and production of a research paper utilizing the Research Project Guidelines.

 Student Signature

 Date

 Research Project Advisor Signature

 Date

Faculty Coordinator approval and signature:

 Faculty Coordinator's Signature

 Date

OFFICE USE ONLY	
Date/time/payment/initial	
Please route in this order: _____ FAC _____ FIN _____ REG _____ FAC _____ SAC	
___ Has Financial Aid (cleared for registration).	
Amount needed to clear registration: \$ _____	Amount Paid: \$ _____
Date/Time: _____	
Method: _____ Reference #: _____	