



BIRTHINGWAY COLLEGE OF MIDWIFERY

12113 SE Foster Rd
Portland, Oregon 97266
503.760.3131

REGISTRATION FOR RESEARCH PROJECT (RSP411q)

This agreement must be signed and given to the Registrar by the 1st day of the term, or you will be automatically dropped from Research Project (RSP441q).

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 so your chosen Advisor can go through the approval process and be admitted to faculty.

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

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