

WIDENER UNIVERSITY COMMONWEALTH LAW SCHOOL  
**DIRECTED RESEARCH CREDIT APPROVAL FORM**

---

**Student Information**

**Student Name**                                  **Student ID**                                  **Student Email**                                  **@widener.edu**

Indicate your year and division:

Below, please indicate the semester and year in which credits will be completed – Use one form per semester

Fall

Spring

Summer

---

**Directed Research**

*No student may earn more than two Directed Research credits.*

*If you would like to use your law review note to fulfill your writing requirement then do not fill out this form. Please complete the Law Review/Directed Research Credit Approval Form instead.*

<u>Directed Research Credits:</u>	Course	Course Number	Credits
	<input type="checkbox"/> Directed Research	H798	1
	<input type="checkbox"/> Directed Research	H799	2

/s/

---

**Directed Research Faculty Supervisor's Signature**

**Date**

/s/

---

**Student Signature**

**Date**