



**SCHOOL OF LAW
SUPERVISED RESEARCH AND WRITING
REGISTRATION APPROVAL FORM**

TERM:

CREDITS (1 or 2) _____

STUDENT'S NAME/BANNER ID #:

SUPERVISING INSTRUCTOR:

By signing below, I certify that this student has obtained permission to be registered in my section of supervised research and writing.

Instructor's Signature

Date

Please return this form to Jill Akervik in MSL #131 at the University of St. Thomas School of Law.