MARQUETTE UNIVERSITY LAW SCHOOL
DIRECTED RESEARCH AND GRADUATE ASSISTANT FORM

Name: ________________________________________________

MUID No.: __________________________

Faculty Supervisor: ________________________ Number of Credits: _____

Semester:

☐ Fall  ☐ Spring  ☐ Summer

Year: __________

Please indicate whether you are registering for Graduate Assistant or Directed Research

_____ Graduate Assistant – doing research for a professor for credit – graded S/U
_____ Graduate Assistant – working as a teaching assistant for
_________________________________________  ______________________________
Course  Professor  Graded S/U

_____ Directed Research – writing a paper – graded with a letter grade

_________________________________________
Student Signature

_________________________________________
Faculty Approval

Date completed: ______________________

_________________________________________
Office Use Only

Section Assigned  _________  Class No  _________  Term  _________