



California State University  
**Dominguez Hills**

CHILD DEVELOPMENT PROGRAM  
Division of Human Development ♦ College of Health and Human Services

**CDV 498 Directed Research**

Note: Complete this form before registering for CDV 498 and turn it in at the Child Development Program office in WH A320.

Student Name: \_\_\_\_\_ SID: \_\_\_\_\_

Major Department: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Faculty Supervisor's Name: \_\_\_\_\_

Number of Units (circle one):      1      2      3      4      5      6

Semester and Year of Directed Research: \_\_\_\_\_

Research Project: \_\_\_\_\_

Tasks that student will be engaged in and/or accomplish over the semester:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
**PROGRAM OFFICE USE ONLY**

Date Received: \_\_\_\_\_

**Program Director/Coordinator :**

Approval (circle one):      Approve      Deny

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Staff:** Permit Issued (circle one):      Yes      No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_