

INDEPENDENT RESEARCH PROJECT CERTIFICATION FORM

Name of Student _____ Yr _____

Title of Project _____

Semester in which work began _____

Semester in which work completed _____

To be completed by the student:

I have submitted a signed contract including all of the relevant requirements detailed in Academic Regulation III.C. I have attached a signed copy of the executed contract to this certification.

Number of credit hours for this project

Hours spent on this project

Date: _____

Student signature/e-signature: _____

To be completed by the professor:

Project meets all contract conditions

Project satisfies Vermont Law School's Credit Hours Policy

Final grade for project

Date: _____

Professor's signature or e-signature

(e-signature will be accepted if sent from the professor's official VLS email)

Title

Once completed, please return this form to the Registrar's Office by the usual final grade deadlines.