

Researcher Registration Form

Please read the "Instructions for Researchers" before completing this form.

For staff use only

IDENTIFICATION (Check One)

Ave Maria University ID # _____

Driver's License # _____

Other _____

AMU Staff Initials: _____

NAME: _____ **PHONE #:** _____

LOCAL ADDRESS: _____

PERMANENT ADDRESS: _____

AFFILIATION (Check One)

Ave Maria University

Other (Please Specify): _____

DEPARTMENT _____ **E-MAIL ADDRESS:** _____

STATUS

Undergraduate Student

Independent Scholar

Graduate Student

Visiting Faculty

Faculty

General Public

Staff Member

PURPOSE OF RESEARCH (Check One)

Undergraduate paper

Plan B Paper

M.A. Thesis

Article

Doctoral Dissertation

Personal Reading/Research

Book

Other (please specify): _____

SUBJECT OF RESEARCH _____

Permission given to mention research project in Canizaro Library publicity, such as newsletter or Website? Yes No

COURSE FOR WHICH RESEARCH IS BEING DONE

(Include Dept., Course number, Title, and Instructor): _____

I have read the "Instructions for Researchers" and understand that my continued access to collection materials depends on my compliance with said instructions.

SIGNED: _____ **DATE:** _____