

Law Enrollment Center  
 333 Faunce Corner Rd  
 Dartmouth, MA 02747-1252

Phone: 508.985.1100  
 Fax: 508-985-1104  
 Email: [lec@umassd.edu](mailto:lec@umassd.edu)

## Independent Legal Research Form

Student Last Name	Student First Name	Student ID
Program Plan <input type="checkbox"/> Full -time <input type="checkbox"/> Part-time	Phone	Email Address

**Instructions:**

- To be eligible for ILR, you must have completed at least one year of full-time study or two years of part-time study.
- It is your responsibility to find a faculty member to supervise the project. An ILR may be supervised by any full-time faculty member or, with the prior written consent of the associate dean, an adjunct faculty member.
- To register for ILR, you must obtain the written approval of both the supervising faculty member and the associate dean. *You are not considered registered for ILR until you have submitted this form and received all approvals.*
- Complete the information below. Under "Description of Topic," give a detailed explanation of the topic you wish to research. If necessary, attach an additional sheet.

Semester:    Fall     Spring     Summer

Supervising Faculty: \_\_\_\_\_

Number of Credits:    Two             Three

Research Topic: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(OVER)

## Approvals

**Supervising Faculty Member:**

Print Name: \_\_\_\_\_

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Law Enrollment Center:**

Number of ILRs completed: \_\_\_\_\_

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Associate Dean:**

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

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

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_