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Course: _____________________________________________________________________

Student
Name: ________________________
Signature: ______________________
Eagle ID: _______________________
Date: _______________________

Project Leader
Name: ________________________
Signature: ______________________
Date: _______________________
Course Number: _______________________

Student address or other contact information
_________________________________________________________________________
_________________________________________________________________________

Office of Research Integrity
Name: ________________________
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Note: The Student and the Project Leader or Instructor in question should retain signed copies of this document for their records. A copy of this documentation will also be retained in the Office of Research Services and Sponsored Programs. A brief description of the work collected, course number or assignment description should be attached to this document.

Form Revision Date: 5/1/12