

CHARLESTON

SCHOOL OF LAW

Research Assistant: Librarian Meeting Confirmation Form

By signing below, the student and the librarian are confirming that they have met pursuant to the requirements of the Faculty Research Assistant course.

Semester: Fall ☐ Spring ☐ Summer ☐ Year: _____

Student Name: _____ **ID #:** _____

Student's Signature: _____ **Date:** _____

Topic: _____

Librarian: _____

Librarian's Signature: _____ **Date:** _____

**PLEASE RETURN THIS FORM TO THE FACULTY SPONSOR TO BE INCLUDED WITH
THE GRADE SUBMISSION FORM**

REGISTRAR'S OFFICE USE ONLY

Received: _____ By: _____ Processed: _____