

Application for Registration in Chemistry 299

Name: _____

Term: _____

SID: _____

Phone# _____ E-mail: _____

Sequence #(for office use only) _____

_____ wishes to register for Chemistry 299 under your supervision. If you are willing to supervise the work of this student, please give a brief description of the project and sign this form.

Brief description:

Signed: _____
Research Supervisor

Signed: _____
Donald H. Berry
Faculty and Undergraduate Chair

Date: _____

The student must return this form to room 153 CL to receive a sequence number for the course.