

Application for Registration for Chemistry 399

Name: _____

Term: _____

SID: _____

Phone #: _____ e-mail: _____

Sequence # (for office use ONLY) _____

_____ Wishes to register for Chemistry 399 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.

Upon completion of this work, a copy of the student's final report must be made available to the Chemistry Undergraduate Office.
Grades will not be sent to the Registrar without receipt of this report.

Brief description:

Signed:

Research Supervisor

Signed:

Donald Berry, Chairman
Undergraduate Committee

Date: _____

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