

If the student is repeating 399/499, this page needs to be completed.

DEPARTMENT OF CHEMISTRY - Undergraduate Research Request Form

Name _____ M Number _____ Email _____

Specify Semester: _____ Year _____

Specify Class _____ CRN _____ Hours _____

The current research advisor must 1) sign his/her name below and 2) circle yes or no that the student may repeat 399/499 for another semester.

Research Advisor (Print name)

Permission granted

You must be enrolled in the Research Portfolio Blackboard site, have completed the Safety Training and passed the safety quiz prior to enrolling in the class. Please have the Safety Coordinator sign and date to verify you have completed this.

Student has passed quiz

Student has signed waiver

Bb records are updated

Safety Coordinator

Date

After obtaining the Safety Coordinator's signature, please review this form. All boxes/blanks must be completed. Once this has been completed, please return to the Chemistry Department office.