
Case Western Reserve University
Department of Chemistry

REGISTRATION PERMIT FOR CHEM 397 UNDERGRADUATE RESEARCH

Name of Student: _____ Semester: _____

E-mail Address: _____

Topic: _____

Research Mentor (print): _____ No. of hours of CHEM 397 this semester: _____

(signature): _____

Is the project supervisor within the Chemistry Department or Secondary Faculty? _____

If NO, please get signature of Undergraduate Committee for approval of CHEM 397 performed outside Chemistry Department. In addition, a one-page description of the research project emphasizing the CHEMISTRY component should be sent to the Undergraduate Committee for approval. A faculty member within the Chemistry Department should also be identified as a sponsor.

Undergraduate Committee Representative Signature

Chemistry Sponsor Signature

Date

Date

Please return this form to the Chemistry office, Clapp Hall room 212.

Case Western Reserve University
Department of Chemistry

**EXPECTATIONS & CHECKLIST
FOR CHEM 397 UNDERGRADUATE RESEARCH**

*This form must be signed AND attached to the final report.
Failure to return this form may result in a grade of "I" being assigned.*

Name of Student: _____ Semester: _____

Successful completion of a CHEM 397 requires a final written report, and at least 3 hours of research effort/week for each credit hour earned.

Date	Report Type(s)*

*Final and any interim reports

I approve the final report by the student.

Research Mentor: _____ Date _____

I also approve the attached final report (for work performed for non-Chemistry/associated secondary) faculty

Chemistry Sponsor: _____ Date _____

Final Approval:
Undergraduate Committee Representative Signature _____

Please return this form to the Chemistry office, Clapp Hall room 212.