Case Western Reserve University Department of Chemistry

REGISTRATION PERMIT FOR CHEM 398 SENIOR CAPSTONE PROJECT

Name of Student:	Semester:
E-mail Address:	
Topic:	
Research Mentor (print):	No. of hours of CHEM 398 this semester:
(signature):	-
***************	***********
Is the project supervisor within the Chemistry Departm	ent or Secondary Faculty?
If NO, please get signature of Undergraduate Committe Chemistry Department. In addition, a one-page descrip CHEMISTRY component should be sent to the Undergraduate Chemistry Department should also be identified.	tion of the research project emphasizing the raduate Committee for approval. A faculty member
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 398 SENIOR CAPSTONE PROJECT

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

Name of Student:	Semester:		
	a Capstone Experience rech effort/week for each cr		s, written report(s), and
Date	Presentations*	Length (Time)	Approval by Research Mentor (please initial)
Date	Written Reports**	Approval by Research Mentor (please sign)	
	Poster Presentation (such as on (such as Meeting in Minia		
I also approve the above faculty and the attached	checklist (for work perfo final report	rmed for non-Chemistry	/associated secondary
Chemistry Sponsor:		Date	
Final Approval: Undergraduate Committ	ee Renresentative Signati	ure	