

CARLETON COLLEGE CHEMISTRY 394 STUDENT-FACULTY RESEARCH FORM

ID # _____ NAME _____ CLASS YR _____ YR/TERM _____

CREDITS _____ (1-6 per term)

SUPERVISOR _____

RELATED TO WORK IN SUMMER 20 _____

Brief Project Title for Transcript (Limit to 25 characters):

Description of the Project:

Students must register for Chem 394 Student-Faculty Research during registration or the drop/add period. Give your completed form to the Registrar. This work must be directly related to chemical research done in the Carleton College Chemistry Department with your faculty advisor in a previous or upcoming summer.

TO BE COMPLETED BY SUPERVISOR:

Supervisor will offer on S/CR/NC basis only. _____
Supervisor's Signature

Supervisor will offer on graded basis only. _____
Supervisor's Signature

Advisor's Signature _____

Supervisor's Signature _____

Student's Signature _____