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 spaces):

_________________________________________________________________

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:

Grade Evaluation: Indicate the kinds of work that will be evaluated, e.g., 20 page paper, or weekly short report or weekly oral presentation and final report in the box below.

_________________________________________________________________

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 _______________________________ ___________________