## RESEARCH IN BIOCHEMISTRY – CHEM 669 Department of Chemistry

This form must be submitted to and approved by the instructor and departmental chairperson prior to enrolling in CHEM 669

Last Name	First Name	M.I		myWSU I.D.	
Phone:		Email:			
Major:					
Semester of er	rollment: Fall 2	20	Spring 20	Summer 20	
Course: <b>CHEM 669</b> – 2 cr. hrs			<u>Prerequisites met:</u>		<u>rade</u>
CRN:	(it is student is schedule)	responsibility t	to fill this in. Look for	course, instructor, and cr hrs	in onli
Project title:					
	• •		•	on or before the last day of fi	nals;
ot	herwise student may	receive a failir	ng grade.	Student's Initials	
Student's signa	ature			Date	
Instructor's sig	nature			Date	
Chairperson's signature				Date	
	Copied	<b>~</b>	Entered	Date Entered	$\neg$
	Student		nor override		$\neg$

Copied	>	Entered	Date Entered	
Student		Banner override		
Instructor		Chemistry Dept.		
File		For Office Use Only		

## **CHEMISTRY 669**

## Expectations of an undergraduate student applying to enroll in 2 cr hr of CHEM 669 research with a chemistry professor.

I will work a minimum of approximately 8 hours per week per 2 cr hr enrollment and 12 hours per week per 3 cr hr enrollment, beginning week 1 of the semester and extending throughout the semester.  Initials
The majority of my time in the laboratory will occur during the work week. Mon-Fri, 8am-5pm Initials
I will not work in the laboratory unless my faculty advisor, a graduate student, or a postdoc is present.  Initials
I understand that my performance in the course will be evaluated according to the research goals set by my faculty advisor.  Initials
I will attend group meetings.  Initials
I will undertake to inform my supervisor of progress as it occurs.  Initials
I understand that a few weeks of hard work at the end of the semester after underperforming through the bulk of the semester will not earn a good grade.  Initials
I will be graded according to the accepted university practice  S = Satisfactory  U = Unsatisactory (Failing work)  I = Reporting and paperwork incomplete, experiments still to be performed, etc.  Initials
Student name (print)
Student signature
Date Semester
Supervisor name

Please complete and return to the Chemistry Dept. office prior to the end of the first week of the semester.