INDEPENDENT STUDY AND RESEARCH – CHEM 690 Department of Chemistry

This form must be submitted to and approved by the instructor and departmental chairperson prior to enrolling in CHEM 690

Last Name		First Name		M.I.	myWSU I.D.		
Course: Email:	(O) C	HEM 690 – 2 cr. h HEM 690 – 3 cr hr	´S	Courses completed Phone:		CHEM 211 CHEM 212 CHEM 531	
				-		CHEM 532	
Semester of enrollment: Fall 20			Spring 20	Sur	Summer 20		
CRN:		_ (it is student r schedule)	espo	onsibility to fill this in. Lo	ook for course, ins	structor, and cr hrs in	onl
Project tit	:le:						
S	•	•		mistry Dept. Office, 206 Me	cKinley, on or befo	re the last day of final	s;
						Student's Initials	
Student's signature					 Date		
Instructor's signature					Date		
Chairpers	on's sig	nature			Date		
		Copied Student	~	Entered Banner override	Date	e Entered	
		Instructor		Chemistry Dept.			

File

For Office Use Only

CHEMISTRY 690

Expectations of an undergraduate student applying to enroll in 2 or 3 cr hr of CHEM 690 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.