

AUTHORIZATION FOR RESEARCH

CHE 5996

This form must be signed by your faculty advisor. After receiving approval, submit to Tracy Castle via email at tfcastle@wayne.edu for banner override and registration instructions.

Student Name: _____ Access ID: _____

Email Address: _____

I request permission to register for CHE 5996. Credit Hour Amount _____ Semester _____

Hours of credit should be estimated conservatively before the student registers. The appropriate amount of credit cannot always be determined in advance, but in no case should an hour of credit be certified for less than an anticipated 30 to 40 clock hours of effective and intensive work.

DESCRIPTION OF STUDY: (Discuss with instructor BEFORE defining nature, scope and significance.)

1. Course or project outline:

2. Manner in which the course will be evaluated (oral or written report, examination, essays, etc)

INSTRUCTOR'S APPROVAL: I approve the above research, and can give the necessary time to direct the work.

Faculty advisor's Name: _____

Faculty advisor's signature: _____ Date: _____