

BROOKLYN COLLEGE
Department of Chemistry

REQUEST TO REGISTER FOR INDEPENDENT RESEARCH

Applicant must fill out this form in its entirety. Permission of the desired sponsor and of the Chairman or Deputy Chairman of the Chemistry Department must be obtained on this form before registration. When completed, return this form to the Chemistry Department office.

Last Name, First Name

CUNYFIRST EMPLID

Street Address

City

State

Zip

Telephone number

E-mail address

Date of Application

Course to be taken:

☐ CHEM 5010 ☐ CHEM 5020 ☐ CHEM 5030 ☐ CHEM 5110 ☐ CHEM 5120 ☐ CHEM 5130

Title of Proposed Research Project

Term Course Requested

Chemistry courses taken or scheduled (including term for which research course is requested)

Course	Semester	Grade

Course	Semester	Grade

Course	Semester	Grade

MENTOR'S PERMISSION

I hereby agree to act as mentor for the above named student in the indicated research course.

Research Mentor (print)

Research Mentor (sign)

Date

DEPARTMENTAL APPROVAL

I approve this application as completed above.

Chairperson or Deputy Chairperson

Date