

# ChE Undergraduate Research/Design Contract

Students must complete this form with their faculty advisor and submit it to the ChE Undergrad Office, FRNY G041 to begin the registration process.

**Student:** \_\_\_\_\_ **PUID:** \_\_\_\_\_

**Semester:** F SP SS 20 \_\_\_\_\_ **Faculty Advisor:** \_\_\_\_\_

**Course:**

- |   |   |
|---|---|
| <input type="checkbox"/> CHE 41100 ChE Undergraduate Research | <input type="checkbox"/> CHE 49800 Undergraduate Thesis Research I  |
| <input type="checkbox"/> CHE 41200 Chem-E Car Design          | <input type="checkbox"/> CHE 49900 Undergraduate Thesis Research II |

**Credits:** 1 2 3 4 Expected Student Time Commitment per week: \_\_\_\_\_ hours  
(Average expectation is 3 hours work per one-credit)

**Method of Evaluation**  Oral Report  Written Report  Other \_\_\_\_\_

Prerequisites required for this project  No  Yes  
If yes, list: \_\_\_\_\_

Required meetings with faculty advisor  No  Yes; frequency \_\_\_\_\_

Graduate student mentor  None  Name \_\_\_\_\_

Required meetings with mentor  No  Yes, frequency \_\_\_\_\_

Additional expectations: \_\_\_\_\_

**Faculty Advisor: Please indicate the concentration to which this project should apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Biological Engineering | <input type="checkbox"/> Materials and Polymers     |
| <input type="checkbox"/> Energy and Environment | <input type="checkbox"/> Pharmaceutical Engineering |

**FACULTY SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please note the type of work involved in this project:**

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Computational only | <input type="checkbox"/> Lab only* | <input type="checkbox"/> Computational and Lab work* |
|---|------------------------------------|--|

Did student work in this lab last term?  Yes  No

\* Lab work requires a safety training and annual refreshers, including submission of the Chemical Hygiene Plan (CHP) Certification. A new CHP Certification must be submitted if working in a different group or lab.

**Office Use Only**

\_\_\_\_\_ Safety Training \_\_\_\_\_ CHP \_\_\_\_\_ Override Entered