Rochester Institute of Technology School of Chemistry and Materials Science

Independent Study / Research Contract

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_UID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Unit: SCMS Faculty Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit hours: \_\_\_\_\_

Course/Section #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5-Digit course ID#: \_\_\_\_\_\_\_\_\_

Check the applicable Term: Fall ⬜ Spring ⬜ Summer ⬜

Title of Proposal:

# Objectives:

**Description of Proposal:**

**Methods of Evaluation:**

Signature of student:

Approval / Faculty Sponsor:

Approval / SCMS head:

# Copy to Registrar’s office

**NOTE: Forms are due in room 08‐2102 the first week of the semester Check if registered**