

Approval for Undergraduate Research

Please complete and return this form to the Astronomy Department office (room N204 Steward Observatory). This form is for department records, and is necessary to assign a grade at the end of the semester.

◆ Students who submit this form *on or before the 9th day of classes for the fall/spring semester (or before the first day of classes for summer)* can be registered *manually* for research credit by the Astronomy department and will not need to fill out a Change of Schedule Form, as long as the addition of credit does not result in a total of more than 19 units.

◆ Students submitting this form *after the 9th day of classes for the fall/ spring semester or after the first day of classes for the summer, or* students who will *exceed 19 total units* in their schedule must also complete a Change of Schedule (Drop/Add) Form and submit it to the Registrar's Office (Administration Building, Room 210) to add Astronomy research units to their schedule. *Please use the Schedule of Classes to determine the correct section number for which to register in the fall or spring semesters; if registering for summer session, please inquire about the correct section number.*

Student Name: _____ **Student ID #:** _____

Student Phone #: _____ **Student E-mail:** _____

Student Major(s): _____

Class (circle one): *Freshman* *Sophomore* *Junior* *Senior*

ASTR Course Number (circle): *199* *199H* *299* *299H* *399* *399H* *499* *499H* *392* *492* *498* *498H*

Number of Units: _____ [Note: The U of A and the Board of Regents require a minimum of 45 hours of course work for each unit of credit awarded; approximately 3 hours per week should be worked for each unit of credit in a 16-week semester]

Semester (circle one): *Fall* *Spring* *Summer I* *Summer II* **Year:** _____

Project Advisor: _____ **Project Advisor's Phone #:** _____

Home Department of Project Advisor: _____

Title of Project: _____

Estimated hours per week student will spend on project: _____

Estimated Project Advisor/Student contact hours per week: _____

Date(s) for mid-semester evaluation of student performance: _____

[Note: At least one mid-semester evaluation should be done **before** the drop deadline]

If appropriate, name of another person who will help supervise the student: _____

Brief description of project, *including anticipated product* (attach additional page if necessary):

REQUIRED SIGNATURES:

STUDENT _____ DATE _____

PROJECT ADVISOR _____ DATE _____

MAJOR ADVISOR _____ DATE _____