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:____________________________________________
Department of Astronomy/Steward Observatory

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

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REQUIRED SIGNATURES:

STUDENT__________________________________________________________ DATE ____________

PROJECT ADVISOR________________________________________________ DATE ____________

MAJOR ADVISOR____________________________________________________ DATE ____________