M.S. IN AUTOMATED SCIENCE
DECLARATION OF RESEARCH FOR CREDIT FORM

This form is due to the Academic Advisor or Program Manager in The Gates-Hillman Center, 7715 or 7414 before the LAST day to add courses for the semester. Forms will be accepted after this date on a case by case basis.

Student Name: _______________________________ Student Andrew ID: ______________________

Course #: _______________________________ Semester: _______________________________

Research Advisors Name: __________________________________________

Research Advisors Email: __________________________________________

Number of Units: ________________________________________________

Project Title: ______________________________________________________

Please summarize the work you will be doing in the lab this semester in the space below:

_______________________________________________________________

Student Signature: ___________________________ Date: ___________________________

Research Advisor Signature: ___________________________ Date: ___________________________