



Carnegie Mellon University
M.S. in Automated Science

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: _____