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: ________________________________