

UNDERGRADUATE RESEARCH PROSPECTUS

The University of Memphis
Department of Chemistry

Name (print): _____ Student Number: _____

Faculty Sponsor: _____ Date: _____

Course(s) covered by this prospectus (Enter semester you expect to enroll):

4901: _____ 4902: _____ 4903: _____

COMPLETE the following sections in consultation with sponsor:

Title of proposed study: _____

Brief description of the proposed research: _____

Specific learning objectives for this proposed research: _____

APPROVALS:

Student's Signature: _____ Date: _____

Sponsor's Signature: _____ Date: _____

SUBMIT the completed form to Dr. Bridson: pbridson@memphis.edu or fax: 901-678-3447

Permit(s) issued: _____ Date: _____